

Women's experiences of gambling and gambling harm:

A Rapid Evidence Assessment

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About this report

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Executive summary

The purpose of this Rapid Evidence Assessment (REA) was to help us understand (1) what is known about the drivers of gambling participation and gambling harms among women and (2) what good might look like in terms of support and treatment for women harmed by their own gambling or someone else's. The REA was conducted in line with Government Social Research guidelines. We identified and screened 89 items in total, of which 14 were excluded mainly on the grounds that they did not focus on women or gendered differences in experience. The report is therefore based on 75 items, most of which are academic articles published in journals that were subject to peer review. Much of the evidence is based on international research.

Key findings

The review highlights the complex and powerful socio-economic and socio-cultural forces that shape women's lives and experiences, including their experiences of gambling, gambling harm and harm minimisation approaches. It also demonstrates the heterogeneity of women's experiences that has implications for the design and delivery of treatment and support interventions, with useful precedents from tobacco control and substance addiction treatment and recovery services. We summarise below the key findings from the review in response to our six research questions¹ before setting out the main gaps in knowledge that we have identified.

What is the role of gambling in women's lives?

- The evidence indicates that in Britain more men participate in gambling than women (43.6% of men compared with 40.5% of women, according to the most recent survey data), although the gender gap seems to be narrowing; and online gambling is increasing among women and men.
- Gambling practices differ between men and women but also between different groups of women, with evidence that younger women are diversifying to gamble on multiple products. This highlights the importance of understanding the dynamic and changing nature of women's gambling practices and guarding against outdated gendered stereotypes.
- The literature provides valuable insights into the ways in which people generally, and women specifically, make sense of and talk about their own gambling practices which are relevant for researchers, services designers and public health communicators. This 'meaning-making' seems closely tied to the role that women see gambling playing in their lives.

What contextual factors are relevant to women's experiences of gambling and gambling harm?

- Gendered inequality in the home around domestic and caregiving roles impacts negatively on women's mental health; restricts their access to the health and wellbeing benefits of work; and perpetuates income inequality.
- Problematising women, for example as 'bad mothers' or 'vulnerable women', obscures the social, governmental, and commercial determinants of harm.
- Currently little is known about gendered practices in relation to online technology, specifically attitudes and practices in online environments.

¹ The final chapter of the report also examines the evidence through four cross-cutting lenses: the heterogeneity of women's experiences; power dynamics; intersectional identities; stigma and misconceptions.

What are the drivers of gambling participation among women?

- There is evidence of strong psycho-social drivers of gambling participation for women. Gambling is often associated with positive emotions derived from the social benefits of communal entertainment and the feeling of ‘escape’ it can provide, which are reinforced in gambling product design, advertising and marketing.
- In terms of financial drivers, women may see the potential financial gains of gambling as a way of contributing to the household finances; a means to escape abusive relationships; a route out of poverty; or a means of gaining some financial independence.
- There is evidence that, where women are in abusive relationships, they may use gambling as a way of coping with their situation; and gambling venues can function as a physical place of safety.

What harms from gambling do women experience?

- The evidence suggests that most people in Britain gamble without experiencing harm. However, for those who do experience harms from gambling, the effects can be severe and enduring.
- In Britain, women experiencing high levels of gambling harm are much more likely to be younger (aged 18-34), and to be from a Black, Asian or minority ethnic background, than women generally.
- Women experience multiple and inter-connected harms from gambling – particularly financial, relational and mental health harms. There is also relatively strong evidence linking gambling with criminal activity, some of which suggests that crime is a gambling-related harm that can affect women as much, or even more than, men.

What services, interventions and policies can help prevent or reduce the gambling harm experienced by women?

- There is unmet need in Britain for gambling treatment and support among women who gamble.
- Women may not seek help with harmful gambling because they believe their gambling is not harmful; stigma, shame and fear; low awareness and understanding of service offerings; poor understanding among professionals; and practical barriers such as accessibility and childcare.
- Addressing these barriers requires gender-sensitive and trauma-informed approaches; community-based, integrated services; better public information and messaging; and wider interventions that address the socio-economic and socio-cultural determinants of women’s experiences and look to disrupt industry practices that are harmful to women.

What are the experiences and needs of women affected by someone else’s gambling?

- Around 7% of the population in Britain is negatively affected by someone else’s gambling (equal to 4.5 million adults and children); affected others are generally women; and women are more likely to experience all the negative impacts of someone else’s gambling.
- The evidence on the gambling harms experienced by women as affected others centres on financial harms (including economic abuse and criminal activity that causes financial harm) and personal relationship harms. Although the evidence base is thin, it nonetheless illustrates the far-reaching impact of harms on partners, immediate family members and wider social networks.
- While there is unmet need in Britain for gambling treatment and support among women affected by someone else’s gambling, there is scant evidence about ways to reduce or prevent gambling harm among this group although some of the evidence about service design and delivery for gambling treatment and support services may equally apply to services for affected others.

What are the main gaps in knowledge?

This evidence review identifies seven important gaps in knowledge where further insight is needed:

1. **Geography:** much of the recent research comprises qualitative studies conducted in Australia and New Zealand. There is a need for comparable work in Britain/UK to explore the similarities and differences in women's experiences and the extent to which learning from other geographies is transferable.
2. **Heterogeneity and intersectionality:** the current evidence base looks at differences in women's experiences mainly in relation to age and, to a lesser extent, ethnic background and class. There is much less research on how women's intersecting or overlapping social identities of gender, race, ethnicity, class, religion, or ability shape their experiences of gambling and gambling harm, particularly in a British/UK context.
3. **Gambling pathways and harm trajectories:** while there is some qualitative evidence about women's gambling pathways and harm trajectories, this is mainly from outside Britain/UK and is necessarily retrospective (e.g. asking women about how past experiences influence present practices). Longitudinal research would provide insight into how women come to experience harm and routes out of harm; as well as experiences of harm over the lifecycle and intergenerationally. There is a lack of evidence on gambling harm related to productivity and performance generally; and cultural harms.
4. **Measures to prevent or reduce harm from gambling among women:** there is reasonable evidence about the barriers to accessing gambling treatment and support among women, but less on how exactly these barriers interact with women's gendered roles and responsibilities in a British/UK context. And, while research has helped inform what gender-sensitive and trauma-informed gambling treatment and support services might look like, to date there is little evidence about how this approach can be implemented in practice or how effective it is.
5. **Women as affected others:** there is relatively little known about women as affected others in Britain/UK. The above evidence gaps on 'heterogeneity and intersectionality', 'gambling pathways and harm trajectories' and 'measures to prevent or reduce harm from gambling among women' apply as much to women as affected others as they do to women as gamblers.
6. **Online practices:** the evidence base on gendered use of technology generally and online practices specifically is under-developed and could provide valuable insight into women's gambling pathways and harm trajectories as online gambling continues to grow; as well as opportunities around online treatment and support for women.
7. **Women in the gambling industry:** there is some evidence to suggest that women working in the gambling industry may have particular experiences of harm that are not well understood.

1 Introduction

This Rapid Evidence Assessment (REA) forms part of a larger programme of research conducted by IFF Research and the University of Bristol to explore why women in Britain take part in different types of gambling, the effect this has on them and their lives, and any experiences of support and treatment for gambling problems.² We are interested in women who gamble, and women affected by people close to them who gamble, like their friends or family. The findings of the research programme are intended to help gambling harm treatment and prevention services provide better support for women who may experience harms from gambling.

The research is grant funded by GambleAware, an independent charity which takes a public health approach to reducing gambling harm. They commission integrated prevention services across Great Britain in partnership with expert organisations and agencies.

1.1 Aims

This Rapid Evidence Assessment (REA) was conducted as part of the first phase of the research - along with Expert Witness interviews and a round table discussion with gambling-experienced women - to generate relevant, actionable learning that can be explored in later stages of the study.

The overall purpose of the REA is to help us understand (1) what is known about the systemic and personal drivers of gambling and gambling harms among women and (2) what good looks like and might look like in terms of support and treatment for women harmed by their own gambling or someone else's. The review includes the social context and broader conditions of women's lives that may influence gambling behaviour and experiences of harm; and wider public health approaches to harm prevention tailored to women, beyond gambling.

1.2 Research questions

To guide our literature search, we generated a set of key research questions that could inform the study as well as several cross-cutting themes that are central to making a critical appraisal from a gendered perspective (Donnelly 2021; INSTRAW, 2012) (see Table 1.1).

Table 1.1 Key research questions and cross-cutting themes

Key research questions	Cross-cutting themes
1. What contextual factors are relevant to women's experiences of starting/continuing to gamble and starting/continuing to experience gambling harm?	Heterogeneity of women's experiences.
2. What is the role of gambling in women's lives?	Power dynamics.
3. What are the drivers of gambling among women?	Intersectional identities ³ .
4. What harms from gambling do women experience?	Stigma and misconceptions.
5. What services, interventions and policies can help prevent or reduce the gambling harm experienced by women?	

² <https://www.begambleaware.org/news/new-research-womens-lived-experience-gambling-harms>

³ Approaching gambling and gambling harm through an intersectional perspective means addressing the multiple forms of oppression women may face and the many forms of resistance to these power dynamics that women adopt. We discuss this and the other cross-cutting themes in Chapter 7.

1.3 Methods

The REA was conducted in line with Government Social Research guidelines on this type of review. We conducted a targeted and reproducible search of the literature on women, gambling and gambling harm. We then systematically mapped, assessed, analysed and synthesised the evidence collected. The Appendix provides details of the search terms and databases we used.

The main inclusion criteria for the REA focused on:

- Recent evidence that reflects the contemporary lived experience of women affected by gambling. In particular, we concentrated on research conducted in the last two to three years, that would not have been included in the most recent academic evidence review on women and gambling (McCarthy et al., 2019).
- Meta-analyses; systematic and narrative reviews; empirical quantitative or qualitative research; intervention evaluations.
- UK and international evidence published in the English language.

Our approach was also inclusive in terms of the breadth of our search, which included academic peer-review journal articles working papers and conference papers; and 'grey literature' research reports produced by government, regulators, think-tanks, charities and non-profit and for-profit organisations. The REA also includes additional evidence that was identified from the Expert Witness interviews. To understand the social context and broader conditions of women's lives that may influence gambling behaviour and experiences of harm, we identified key texts on relevant topics including gendered roles around caring and parenting; social representations of women; money and relationships; economic subjectivity; gendered spaces (online and offline); and gendered use and experience of digital technology.

1.4 Overview of the evidence

The review was purposely broad and exploratory in scope, as described above. We identified and screened 89 items in total, of which 14 were excluded from the review mainly on the grounds that they did not focus on women or gendered differences in experience.⁴ This report is therefore based on 75 items, key details of which we recorded and mapped in Excel to ensure that all relevant documents were recorded and reviewed in a manner that was consistent, robust and transparent.

As Table 1.1 shows, most of the evidence we reviewed comprised academic articles published in journals that were subject to peer review. We used peer review as an indicator of good quality, while also recording any limitations noted by the authors. We assessed the quality of other items based on the appropriateness and robustness of their research methods, analysis and conclusions, again noting any limitations.

⁴ We found very little research about transgender and gender diverse people's experiences of gambling and gambling harm.

Table 1.1 Type and source of evidence reviewed

Type of literature	Number of items	Source of literature	Number of items
Original research article	46	Academic	57
Research report	18	Govt/statutory body	9
Other	5	Other	6
Evidence review	2	Treatment/support provider	2
Book chapter	2	Research organisation	1
Blog	1	Total	75
Meta-analysis	1		
Total	75		

1.5 About this report

- Chapter 2 describes the evidence about the role that gambling plays in women’s lives.
- Chapter 3 sets out the evidence on a range of contextual factors that may be relevant to women’s experiences of gambling and gambling harm.
- Chapter 4 examines the evidence about the drivers of women’s gambling participation.
- Chapter 5 looks at the evidence around the harms from gambling that women experience.
- Chapter 6 considers the evidence about prevention, treatment and support for women harmed by gambling.
- Chapter 7 examines the evidence through four cross-cutting lenses (heterogeneity of women’s experiences; power dynamics; intersectional identities; stigma and misconceptions).
- Chapter 8 briefly sets out our conclusions and evidence gaps.
- The Appendix describes our approach to the rapid evidence assessment in more detail.

All the evidence used in this report was assessed to be good quality, and we note any limitations of individual studies where appropriate. It should be noted that because gambling regulation and legislation is different in Northern Ireland than it is in Britain (i.e. England, Scotland and Wales), the ‘home-grown’ evidence largely focuses on Britain rather than the UK.

2 What is the role of gambling in women's lives?

This chapter looks at the role of gambling in women's lives. It examines the evidence on the extent and patterns of gambling among women; gendered differences in gambling practices; women's attitudes to gambling; and women who experience harm because of someone else ('affected others'). We explore women's experiences of gambling harm in Chapter 5.

Key points:

- The most recent gambling prevalence survey data indicates that in the year to September 2021, 40.5% of women in Britain participated in at least one form of gambling in the past four weeks, compared with 43.6% of men.
- Gambling practices differ between men and women but also between different groups of women, with evidence that younger women are diversifying to gamble on multiple products. This highlights the importance of understanding the dynamic and changing nature of women's gambling practices and guarding against outdated gendered stereotypes.
- Understanding how different women make sense of and talk about their own gambling practices is important for researchers, services designers and public health communicators.
- Around 7% of the population in Britain is negatively affected by someone else's gambling; affected others are generally women; and women are more likely to experience all the negative impacts of someone else's gambling.

2.1 Extent and patterns of gambling among women

There are three main data sources that have been used to measure gambling prevalence and harmful gambling in Britain, all based on self-reported responses from surveys of adults that have different sample sizes and methods of data collection. The figures have been disputed, for example based on sample size and data quality (House of Lords, 2020). Overall, however, the evidence indicates that more men gamble than women, although the gender gap seems to be narrowing.

The Health Survey for England (HSE, 2018) - which the Gambling Commission believes gives the most robust estimate but is only available for England (House of Lords, 2020) - showed that men (57.4%) were more likely than women (50.7%) to have participated in any gambling activity in the last 12 months (GOV.UK/Public Health England, 2021a); the difference was most obvious for online gambling where 15% of men participated, compared to 4% of women (GOV.UK/Public Health England, 2021b).

More recent Gambling Commission survey data⁵ for Britain gives a different picture. It indicates that in the year to September 2021, 43.6% of men in Britain participated in at least one form of gambling in the past four weeks, compared with 40.5% of women. However, once respondents who only gamble on National Lottery draw products are excluded, the figures for men and women are almost identical – with 28.2% of men and 28.3% of women participating in at least one form of gambling in the past four weeks (Gambling Commission, 2021).

When it comes to whether women's gambling participation is increasing, the picture is not clear-cut:

⁵ A nationally representative sample of 4,005 adults aged 16 and over were interviewed via telephone in December 2020, March 2021, June 2021 and September 2021 and comparisons made with data collected in the same way since 2017 (Gambling Commission, 2021).

- The British Gambling Prevalence Survey (BGPS)⁶ in 2010 showed that the proportion of women gambling at least once a week had **increased** from 37% in 2007 to 40% in 2010 (McCarthy et al., 2019).
- Health Survey for England data for the period 2012-2018 shows gambling participation **reducing** at a similar rate for both men and women since 2012 (GOV.UK/Public Health England, 2021a).
- According to the more recent Gambling Commission survey data, the proportion of women gambling on at least one product in the last four weeks (excluding those only playing National Lottery draw products) **has stayed relatively stable** over time – 28.8% in 2017 compared with 28.3% in 2021.⁷ The equivalent figures for men showed **a drop** over the same period – from 35.6% in 2017 to 28.2% in 2021, with a statistically significant drop between 2020 and 2021 (from 31.7% to 28.2%)(Gambling Commission, 2021) which is most likely due to the COVID-19 pandemic.

In terms of the profile of women gamblers, other survey data⁸ shows that women gamblers in Britain with a PGSI score 1+ (i.e. experiencing some level of harm from their gambling)⁹ were much more likely to be younger (18-34); of lower social grades; or from a Black, Asian and minority ethnic background, compared to the broader population of women (Gunstone and Gosschalk, 2019).

Outside the UK, there is evidence of similar gendered patterns of gambling, with men more likely to gamble than women for example in Spain (Chóliz et al., 2021) and Finland (Castrén et al., 2018).

2.2 Gendered differences in gambling practices

There are gendered differences in gambling participation by product type and how people gamble. The HSE 2018 showed that women in England (17.8%) were as likely to buy scratch cards as men (18.1%) and more likely to take part in bingo (5.9% cf 3.0% of men); but men had higher participation rates in all other gambling activities, especially online betting with a bookmaker; machines in bookmakers (including fixed odds betting terminals); betting on sports events; and private betting (GOV.UK/Public Health England, 2021a). Other survey data shows a similar picture for Britain (Gunstone and Gosschalk, 2019).

In terms of how people gamble, 2016 Gambling Commission data showed that almost 70% of women in Britain who gamble used apps or websites. Regardless of sex, the most popular location for online gambling was at home; but women were the most likely to gamble online while commuting (10%); and men most likely to gamble while at work (13%). Women had on average fewer gambling accounts than men (2.5 accounts for women compared with 3.5 for men) (cited in BetKnowMore, 2021).

⁶ The BGPS was a nationally representative survey of participation in gambling and the prevalence of problem gambling in Great Britain, carried out in 1999, 2007 and 2010 but not repeated since (House of Lords, 2020).

⁷ The figure dropped to 26.8% in the year to September 2020 (the first year of the pandemic).

⁸ From the GambleAware-commissioned Gambling Treatment and Support Study, which is an online survey conducted by YouGov in 2019 with its online research panel.

⁹ The Problem Gambling Severity Index (PGSI) is a widely used measure of 'problem gambling' in the population. PGSI score 0: gamblers who gamble with no negative consequences; 1-2: gamblers who experience a low level of problems with few or no identified negative consequences; 3-7 gamblers who experience a moderate level of problems leading to some negative consequences; 8 or more: gambling with negative consequences and a possible loss of control. <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

According to more recent Gambling Commission survey data, online gambling has increased among both men and women in Britain – up from 22.0% in 2017 to 28.1% in 2021 for men; and from 14.4% in 2017 to 22.1% in 2021 for women (Gambling Commission, 2021).

The evidence indicates that, in populations of gamblers in the UK, the proportion of people taking up new gambling activities during the pandemic was higher than in general population surveys (GOV.UK/Public Health England, 2021c). In other words, gamblers were gambling more during the pandemic. Data collected from a cohort of young people in May 2020 found that, overall, gambling frequency reduced during the first lockdown for both young males and females. There was however a gender difference among young adults who engaged in *regular* gambling, with young men nearly 3 times more likely than young women to gamble weekly or more often during lockdown (8.6% vs 2.9%) (Emond et al., 2021).

Outside the UK, there is evidence of similar differences between men and women in the gambling products they use. In Australia, women were found to favour electronic gambling machines¹⁰ (which was also linked to an increase in their gambling participation and harmful gambling) (McCarthy et al., 2021a; van der Maas, 2016). In Sweden, women were significantly more likely than men to report recent online casino gambling, land-based casino and online bingo gambling, and significantly less likely to report sports betting (Håkansson and Widinghoff, 2020a).

Evidence from Australia also raises concerns about the gambling participation of younger women (16-34), finding they were 1.97 times more likely than middle-aged (35-54) and older women (55+) to gamble at high frequencies. Moreover, the data suggested that younger women (aged 16-34) were diversifying their product engagement to gamble on multiple products, with horse and sports betting added to existing forms of chance-based gambling, such as electronic gambling machines (McCarthy et al., 2018). This serves to highlight the importance of understanding the dynamic and changing nature of women's gambling practices and guarding against outdated gendered stereotypes.

2.3 Women's attitudes to gambling

The literature provides valuable insights into the ways in which people generally, and women specifically, make sense of and talk about their own gambling practices which are relevant for researchers, services designers and deliverers and communicators of public health messages around gambling and gambling harms. This 'meaning-making' seems closely tied to the role that people see gambling playing in their lives.

In a UK qualitative study using Mass Observation data from both women and men, participants' accounts of their gambling "*represented a struggle over taste and value and an insistence that although they gambled regularly, they would not drift into any 'undesirable' selfhoods that were associated with the 'irresponsible' gambler*" (Casey, 2021).

In a separate study, Casey (2006) found that, in interpreting their own lottery play, women distanced themselves from the categories of meaningless spending and irresponsibility typically associated with gambling. Faced with limited leisure options because of constraints on their time (such as balancing care and work), women appeared to perceive lottery play as a positive and acceptable leisure activity because it conflicted least with these constraints (cited in van der Maas, 2016).

¹⁰ Electronic gambling machines include fruit and slot machines and video lottery terminals.

The ways in which women talk about and understand gambling was also raised by the Scottish Women's Convention in its report of a round table event it held with women about gambling. It partly attributed its difficulties recruiting women to the event to the fact that women may regard their gambling practices as a social pastime, and therefore dismiss the discussion as not relevant to them. Similarly, it felt the term 'gambling harm' might be off-putting (Scottish Women's Convention, 2021). Understanding women's positive perceptions of gambling came through in a study of older women (aged 55+) in Poland too, where gambling (among women not addicted to gambling) was seen to play an important role as a social activity that could provide women with some extra money (Lelonek-Kuleta, 2021).

Among young women in Australia, early participation in gambling as a family activity with parents and others seems likely to be an important factor in shaping their attitudes to gambling and, as noted previously, facilitate the normalisation of gambling (McCarthy et al., 2020).

While the evidence mainly focused on individual's perceptions of gambling, Hing et al. (2020) highlight organisational attitudes as a potential barrier to women receiving the help and support they need, specifically the limited recognition of gambling as a contributor to intimate partner violence, including by police and the justice system; social services; and some support services, including gambling support and domestic and family violence support.

2.4 Women as 'affected others'

There is growing recognition of the harm that individuals and families can experience because of someone else's gambling, a group commonly referred to as 'affected others'. It is estimated that the actions of each 'problem gambler' negatively impacts between five and ten people in range of ways, including financially, psychologically and in terms of damage to personal relationships (Pulford et al., 2009, cited in BetKnowMore, 2021). As an emerging issue in research and policy terms, the evidence base around affected others is currently limited. Here we focus mainly on the profile of affected others; we discuss the evidence around the harms they experience in more detail in Chapter 5.

Including adults and children, around 7% of the population in Britain (4.5 million people) were found to be negatively affected by someone else's gambling; and affected others were more likely to be women (particularly as partners and spouses). Women were more likely to have experienced all the negative impacts of being an affected other (GOV.UK/Public Health England, 2021a). Illustrating the complex nature of gambling harms, one in five (19%) people categorised as 'problem gamblers' (PGSI score 8+) also identified as being an affected other, compared with just seven percent of gamblers with a PGSI score of zero, or non-gamblers (Gunstone and Gosschalk, 2019).

Research carried out in Australia has identified gambling as one element of the context within which men choose to use violence against women. Where there were gendered drivers of violence against women (i.e. factors that consistently predict higher levels of violence against women such as disrespect of women), harmful gambling exacerbated intimate partner violence against women (Hing et al., 2020).

3 Contextual factors

In this chapter, we consider the evidence on a range of contextual factors that may be relevant to women's experiences of gambling and gambling harm. These are:

- Gendered roles: caring and parenting.
- Health and wellbeing.
- Social representations of women.
- Money and relationships.
- Economic subjectivity.
- Gendered spaces.
- Gendered use of technology.

Some of the themes touched upon in this chapter – such as the financial and relational harms caused by gambling – are picked up in more detail in later chapters.

Key points:

- Gendered inequality in the home around domestic and caregiving roles impacts negatively on women's mental health; restricts their access to the health and wellbeing benefits of work; and perpetuates income inequality.
- Problematising women, for example as 'bad mothers' or 'vulnerable women', obscures the social, governmental, and commercial determinants of harm.
- Currently little is known about gendered practices in relation to online technology, specifically attitudes and practices in online environments.

3.1 Gendered roles: caring and parenting

The strongest theme in the literature on gendered roles is the tension that exists for women around the social expectations of, and realities related to, caregiving and paid employment.

In the UK and elsewhere, the traditional model of the male breadwinner and female housewife have been replaced by the adult-worker model family, where all adults in a household actively seek paid employment (Adkins and Dever, 2014). Official statistics show that, in 2019, 75% of UK mothers with dependent children were in work (ONS, 2019) and women being in work - regardless of caring or parenting responsibilities – is seen as a moral imperative and social good (McRobbie, 2020).

The UK's gendered pattern of caregiving has, however, persisted despite policies such as Shared Parental Leave. The underlying causes of these caregiving patterns are therefore not just practical or economic, but ideological, since ideals of good parenthood still position the mother as the primary carer and motherhood remains tied to femininity in a way that is not the case for men (Budds, 2021). Developmental psychology has also reinforced the idea of 'intensive mothering' by emphasising the mother-child dyad and the importance of maternal practices for children's developmental outcomes, particularly (although not exclusively) for middle-class mothers (ibid).

There are concerns that the '*feminization*' of risky gambling in gambling studies has served to perpetuate and reinforce traditional, stereotypical views of women and their roles as caregivers (Palmer du Preez et al., 2021a). As Wardle (2017) notes:

'Rhetoric around women gambling still centres on common themes: largely that it is not a desirable activity for a woman, that more women engaging in gambling is something of a

concern, and that women who gamble (may) neglect their other womanly duties of caregiving, running households and nurturing children.’ (p. 179, cited in Palmer du Preez et al., 2021a).

Studies in New Zealand indicate that socio-cultural expectations around women as primary caregivers serve to shape some women’s gambling practices (for example as a means of escape) and contribute to gambling harm in the form of shame and feelings of personal responsibility. These intense ‘*moralising regulations*’ and unrealistic expectations of women as wives and mothers have been shown to restrict women’s ability to prioritise their own health and wellbeing, which might include accessing gambling treatment and support (Palmer du Preez, 2019; Järvinen-Tassopoulos, 2016). As we discuss in Chapter 6, the moral judgement of women who experience gambling harm as ‘bad’ mothers or failures in the stereotypical roles of homemaker and nurturer (Hing et al., 2020) is integral to understanding why women may not seek help for gambling or other addictions because of the intense stigma they feel.

In Britain, survey data shows a strong link between harmful gambling and responsibility for dependent children, with women ‘problem gamblers’ particularly likely to have responsibility for children in the household in comparison to the broader female sample. This was the case within any given age group (Gunstone and Gosschalk, 2019).

Other themes from the evidence around gendered roles include:

- Industry practices (in Australia) that promote venues as ‘family friendly’ to attract women, for example by offering child-minding services (McCarthy et al., 2020).
- The parental role in normalising gambling, where a study in Australia showed young women could be exposed to gambling at a young age through family gambling practices, including as participants e.g. being given the responsibility to organise sweeps for horse races (ibid).

3.2 Health and wellbeing

The literature highlights how gendered roles around caregiving help to shape women’s access to financial resources, particularly through work – both of which are important (and inseparable) factors in determining women’s health and wellbeing.

As Palmer du Preez et al. (2021b) note, gendered inequality in the home around domestic and caregiving roles impacts negatively on women’s mental health; restricts their access to the health and wellbeing benefits of work; and perpetuates income inequality.¹¹ Women’s wellbeing is tied to norms of ‘respectability’ which include economic independence through work as well as self-esteem and pride in personal appearance (McRobbie, 2020). However, the realities of modern ‘post-Fordist’ economies such as wage stagnation, low pay and insecure work serve to divest women of the money or socio-legal rights necessary for adequate social provisioning (Adkins and Dever, 2014).

Women’s weak economic position may also undermine their ability to build financial resilience, with negative effects on their financial wellbeing: in the UK, women are less likely to save regularly than men even though they are more likely to think it’s important to save for a rainy day; and working-age

¹¹ While the gender pay gap (the difference between average hourly earnings of men and women as a proportion of men’s average hourly earnings) in the UK has been declining slowly over time, in 2020 it was still 15% (ONS, 2020).

women are less likely than men to have income protection insurance (31% vs 21%) or medical insurance (29% vs 17%) (Money and Pensions Service, n.d.).

At the same time, research has highlighted the negative impact of ‘intensive mothering’ ideologies on mothers’ health and wellbeing. One study, for example, found that feeling like they were not living up to internalised cultural standards of being a good mother contributed to feelings of guilt and shame among mothers of children aged under five. As a consequence, *‘it needs to be permissible for women to seek support with childcare and prioritize their own wellbeing without it damaging their perceived access to a ‘good mother’ identity’* (Budds, 2021, page 4).

In the field of addiction, there is growing evidence of gendered pathways to substance use which highlight the particular role of trauma (such as physical or sexual abuse) and mental ill-health for women. These drivers of substance use are likely to impact women’s experiences of recovery (Andersson et al., 2021). The gambling studies literature reveals a complex interplay between women, gambling and wellbeing: on the one hand, for example, financial stresses from problem gambling can reinforce drivers of intimate partner violence, with violence and economic abuse further contributing to financial stress (Hing et al., 2020); while for some women who experience violence and abuse, gambling can act as a *‘survival tool’* (Freytag et al., 2020, page 3). We pick up these issues in Chapters 4 and 5.

3.3 Social representations of women

The dominant themes in the literature about the social representations of women centred on women as caregivers; women as breadwinners; women as social problems; and women as gamblers.

As discussed earlier, women are still positioned (and still function) as the primary caregivers in families through the social reproduction of guilt and responsibility; issues around family-work balance; and prevailing dominant forms of masculinity (Palmer du Preez et al., 2021b). At the same time, women are increasingly represented as ‘breadwinners,’ with paid work *‘a defining mark of status and identity’* (McRobbie, 2020, page 76). This representation persists even though the conditions for ‘breadwinning’ (such as secure employment, decent pay, state and employer provisioning) are unavailable to increasing numbers of women and men (Adkins and Dever, 2014).

In juxtaposition are representations of women as ‘social problems’ – in particular, single mothers, a representation that *‘exposes many black British women to multiple levels of discrimination’* (McRobbie, 2020, page 78). This flows through to policies such as the Government’s Troubled Families Programme, for which single parent low-income families were a key target group, the great majority of whom are single mother families (ONS, 2021). Similarly, media depictions of women living in poverty show them as *‘incapable of self-improvement’* – consuming unhealthy foods, drinking or smoking to excess, being untidy – which reinforces the idea that poverty is a problem of the individual (McRobbie, 2020) that can be addressed through policies such as improved ‘financial literacy’ and ‘parental literacy’ (Montgomerie and Tepe-Belfrage, 2016).

Such problematisation of the individual is also a concern among gambling studies scholars, who see the dominant conceptualisations of women as ‘risky gamblers’ or ‘vulnerable women’ in the gambling studies literature as obscuring the wider determinants of gambling and harm (social, governmental, commercial) as well as *‘reproducing some unhelpful gender stereotypes in the process’* (Palmer du Preez et al., 2021a). There is also evidence of gendered narratives in the media around harmful

gambling, for example women gamblers being castigated as 'bad mothers' whereas narratives around men gamblers focus on levels of debt with no mention of men's parental role (BetKnowMore, 2021).

In the face of traditional socio-cultural attitudes, women may also self-problematise, perceiving their own gambling practices '*as a wrongdoing that renders her deserving of criticism and punishment*' (Freytag et al., 2020, page 8). Elsewhere in the literature, the focus is on the normalisation of gambling for women as it becomes a more socially acceptable, destigmatised activity designed to align with things that women are deemed to value such as personal appearance and glamour (Hing et al., 2020; McCarthy et al., 2020; Castrén et al., 2018).

3.4 Money and relationships

Adkins and Dever (2014) observe that our relationship to money has fundamentally changed, so that it is no longer seen as a means to buy goods but as a commodity in its own right, with risks and potentials that we can put to work, for example using our earnings to leverage access to personal credit. A key theme in the literature on money and relationships relates to the interconnections between money and abuse – where the commodity of money is weaponised. Other themes include how money is organised, controlled and used within households; and the impact of debt on relationships. We look at the gendered imbalance in women's ability to access and command economic resources in the next section on 'economic subjectivity'.

3.4.1 Money and abuse

In England and Wales, 7.5% of women and 3.8% of men were estimated to have experienced domestic abuse in 2018-19, equivalent to 1.6 million women and 800,000 men (Crime Survey for England and Wales, cited in Money and Pensions Service, n.d.). The literature illustrates the centrality of money and resources in women's experiences of domestic abuse. In particular:

- Economic abuse¹² prevents survivors of domestic abuse from accessing income.
- Women who experience domestic abuse can also experience financial hardship (which also impacts other family members including children).
- Finding the economic means to leave an abuser is a challenge for many survivors.
- After leaving the relationship, women face multiple economic challenges e.g. survivors may have to rely on credit to survive, building up debt which can impact their future choices.
- Domestic abuse can have lasting impact on survivors' employment prospects and earnings (Women's Aid, 2019).

In the field of gambling studies, research shows that women's gambling and gambling losses could be used by violent partners as justification for violence; while some women suffering economic abuse from their partner hoped to win at gambling so they would be able to support the household or leave the relationship. Economic control and abuse were reported as common for women whose partners had gambling problems: taking money or resources to support his gambling (including fraudulent use of banking products, forging signatures and drawing down on a mortgage), or controlling financial decisions made in the relationship (Hing et al., 2020).

¹² Economic abuse occurs when an abuser (usually a man) restricts how their partner acquires, uses and maintains money (financial abuse) but also other essential resources such as food, housing and transport (Women's Aid, 2020; Sharp 2008)

3.4.2 Organisation, control and use of money in the household

Gender inequalities outside the household, such as in the labour market, influence (in)equality within the household. The picture around money in the household is complex, however, with research in the UK from the 1980s onwards serving to challenge assumptions about the extent of sharing within households; how resources are controlled and allocated; and the personalised nature of different kinds of money (Howard and Bennett, 2021). As the authors note: *‘This is a central issue for women, traditionally more likely to be subsumed within the family’* (ibid, page 5).

In couple households living on low incomes, especially those with dependent children, women often manage the household budget, a responsibility that can be a source of stress in terms of ensuring the household does not live beyond its means (ibid). For households on low incomes that receive the means-tested benefit Universal Credit, resources and needs are considered jointly for couples (something that does not happen with non-means-tested benefits). Payment of Universal Credit is made by default into one bank account for couples, a feature that has been criticised for being outdated; making financial abuse easier; and facilitating the unequal distribution of income and responsibilities within couples (ibid). Other research highlights the financial wellbeing risks for women at different life stages – for example, over 70% of couples did not discuss their pension during divorce proceedings, leaving women missing out on £5 billion (Money and Pensions Service, n.d.).

There are strong links between the organisation of household finances, gambling and gambling harm. As we discuss in Chapter 4, women can see the potential financial gains of gambling as a way of contributing to the household finances; a means of escaping an abusive relationship; or the chance of obtaining some financial independence. In Chapter 5, we see how women (as gamblers and affected others) can be financially harmed by gambling due to the depletion of household resources and loss of assets; the impact of gambling-related borrowing and debt; and economic abuse.

3.4.3 Debt and relationships

Research conducted by the relationship support charity Relate showed the extent and impact of debt problems on family relationships. One in four people who had been in debt, for example, said debt had a negative impact on their couple relationship, and the evidence indicated that struggling with problem debt could lead to relationship distress, increased conflict, decreased positive communication, partners blaming each other and increasing mistrust, and – as a result – relationship breakdown (Darnell Bradley and Marjoribanks, 2017).

As we discuss in Chapter 5, harmful gambling can lead to borrowing and debt for both men and women gamblers, with potentially severe consequences for them and other family members, including the breakdown of relationships. While not explicitly covered in the literature, the socio-economic inequalities experienced by women might mean they are less able to cope financially with the fallout from relationship breakdown, particularly if they are also the primary caregivers to other family members.

3.5 Economic subjectivity

The literature about women as economic actors is closely tied to themes explored in earlier sections around the gendered distribution of resources and its links to power and autonomy; and changing conceptualisations of money.

While women may be earning more, they nonetheless face financial disadvantages across the life cycle (such as the gender pay gap, bearing the burden of caregiving) that means they also risk lower

financial wellbeing (Money and Pensions Service, n.d.). Moreover, changes in women's economic position have generally not translated to increased social power (Adkins and Dever, 2014). Even so, the feminised moral imperative is for women to be in the workforce, or else be shamed for their 'dependency' on social security benefits (McRobbie, 2020).

The literature also suggests that women - like men - may be relating to money differently (Adkins and Dever, 2014). If this is the case, and money is increasingly viewed as a 'speculative' object (i.e. to be used to produce more money), there are potential implications for the 'normalisation' of this idea of 'speculative' money that more closely resembles how money is used in gambling.

In the field of gambling studies, Canadian research found that the stability and support (both emotional and financial) offered by marriage and employment helped to explain the overall lower rates of harmful gambling among the married and employed. There were gendered differences, however, so that simultaneously occupying the roles of married spouse and working spouse were associated with more gambling-related problems for women, but fewer for men. This supports the idea that men experience fewer conflicts through their participation in work and family life compared to women, explained by the structural and cultural organization of society around a male 'ideal worker' (van der Maas, 2016).

3.6 Gendered spaces

The dominant theme in the literature around gendered spaces is the 'feminisation' of physical gambling spaces that is seen to contribute to the social acceptability of gambling for women.

McCarthy et al. (2020) cite the 'feminisation' of gambling spaces as key to the normalisation of gambling for young women in Australia, whereby gambling becomes associated with glamour and is combined with other social activities such as drinking and eating. Other research in Australia found that certain gambling environments were more acceptable to women than others, particularly venues with electronic gambling machines (EGMs, or 'pokies') (Thomas et al., 2020). Other research shows that women may increase their participation in gambling in an environment where they felt important (McCarthy et al., 2020).

Another study in Australia found that bingo provided a social environment for migrant women from Pacific Islands countries that was accessible, relatively affordable and accepting of people from different ethnic and class backgrounds. For them, bingo was mainly a social event where alcohol was either marginal or absent; the orderly conduct of games allowed women to feel safe; and they could enjoy themselves without fear of being harassed by men or worrying about their husbands being jealous (Cox et al., 2021). A review of gambling harms among minority communities found that, for both migrant men and women, gambling could provide a way to engage with society that did not require high-level language skills and was accessible to all (Levy et al., 2020).

For women experiencing intimate partner violence, gambling venues could provide a safe space to escape a violent partner, because of their long opening hours and the fact they were often the only places open at night (Hing et al., 2020).

3.7 Gendered use of technology

The literature on gendered use of technology (specifically attitudes and practices in online environments) appears sparse and under-developed, although the evidence suggests there are gendered differences in online consumer purchase decision making (Lin et al., 2019).

In the field of gambling studies, the focus has been on easy access to online gambling as a factor in normalising gambling for young women in Australia (McCarthy et al., 2020); and the rapid growth of online gambling among women in Finland compared with men, with women particularly favouring slot-type online games and online scratch cards and bingo (Castrén et al., 2018).

More broadly, it is asserted that - for women - visual cultural media (television, social media, print media) *'become the key purveyors of morality narratives that seek to establish the boundaries of acceptable behaviour'* (McRobbie, 2020, page 97). While McRobbie is not referring directly to gambling, this potentially has implications for the social acceptability and normalisation of gambling, for example the possibility of ultra-personalised, targeted marketing to women and others via their preferred media by gambling operators.

4 What are the drivers of gambling participation among women?

In this chapter, we consider the evidence on four drivers that research shows are commonly associated with women's gambling participation, although in practice these overlap:

- Psychological or personal drivers
- Social factors
- Financial or economic factors
- Industry practices.

We also consider the evidence about the impact of the pandemic on women's gambling.

Key points:

- There is evidence of strong psycho-social drivers of gambling participation for women. This means that gambling is often associated with positive emotions derived from the social benefits of communal entertainment and the feeling of 'escape' it can provide, which are reinforced in gambling product design, advertising, and marketing.
- In terms of financial drivers, women may see the potential financial gains of gambling as a way of contributing to the household finances; a means to escape abusive relationships; a route out of poverty; or a means of gaining some financial independence.
- There is evidence that, where women are in abusive relationships, they may use gambling as a way of coping with their situation; and gambling venues can function as a physical place of safety.

4.1 Psychological drivers

The literature on psychological motivation for gambling centres on two key themes: the positive emotions associated with gambling, and the feeling of 'escape' that gambling can give to women.

Physical gambling environments such as bingo halls or venues with electronic gambling machines (EGMs) were strongly associated with a positive atmosphere, and consequently, the pleasure derived from being there can be a strong motivator for gambling (McCarthy et al., 2021c; Scottish Women's Convention, 2021). Qualitative studies in Australia showed that the enjoyment gained from the entertainment of gambling was particularly felt by older women, who may have fewer alternative opportunities for entertainment (McCarthy et al., 2019; Håkansson and Widinghoff, 2020a; McCarthy et al., 2021a). The pleasure could be intensified by the 'adrenaline' rush of winning (McCarthy et al. 2021c; Scottish Women's Convention, 2021).

The other key theme is how gambling appears to offer women a means of 'escape'; a mental escape from negative emotions such as stress or boredom, or for some women, from the stress of an abusive relationship. Qualitative studies in Australia found that women often used gambling as a means to distract themselves - from grief, caring responsibilities or even trauma (McCarthy et al., 2021c; McCarthy et al. 2019). Older women who gambled frequently did so to avoid boredom and loneliness (McCarthy et al., 2019; BetKnowMore, 2021; Lelonek-Kuleta, 2021). Cox et al. (2021) found that women from Pacific Island communities in Australia went to bingo as a way of achieving a 'time out' from the households' responsibilities; while Southeast Asian women in Australian communities used gambling to alleviate the anxiety and stress of acculturation (McCarthy et al., 2019). The design of gambling products can contribute to the feeling of 'escape', for example, slot machines require little thought to play, and as such can have an immersive quality that helps gambling become a '*a means of avoidance-based coping*' (Hing et al., 2020, page 44).

There is increasing evidence on the relationship between gambling and women who are victims of Intimate Partner Violence (IPV), notably how women who are in abusive relationships may use gambling as a way of coping (Hing et al., 2020). Gambling can be a way of temporarily forgetting about the trauma suffered at home, but gambling venues can also function as a physical place of safety - where women would go to get away from the physical and emotional abuse they experienced at home (O'Mullan et al., 2021).

4.2 Social drivers

The strongest social driver of gambling reflects one of the main personal motivations already discussed and is also key to the industry practices we explore below: that women associate most types of gambling with the social benefits of communal entertainment. Gambling was often facilitated through the provision of non-gambling social activities, such as dining (McCarthy et al., 2020). For older women (aged 55+) in particular, gambling can be driven by a need for social connection in cases where they feel isolated (McCarthy et al., 2021c) and may become embedded in their social practices:

'As they age and experience life changes, women may continue to seek out opportunities to socialise to maintain a valued identity.' (page 5)

Among marginalised women, gambling could also provide a 'culturally unthreatening' social environment (Cox et al., 2021); men from Pacific Island communities in Australia were happy for the women in the community to go to bingo, although they joked about it. For migrant women, it could offer continuity with life from their homelands (ibid) or, for Māori women, it may be a rare opportunity to form social connections (Morrison et al., 2004 cited in McCarthy et al., 2019). Among young women, the evidence suggests they are most likely to gamble with friends (ibid). Even online bingo is presented as a 'fun night out' for those who want to stay in (BetKnowMore, 2021).

The social acceptability of gambling, therefore, will impact levels of participation among women. Across Australia, gambling is highly normalised, which, as well as increasing the likelihood of gambling, can result in difficulty in recognising when gambling behaviour had become disordered, with 'Low community recognition that problem gambling is a serious issue, very difficult to resolve, and has severe consequences' (Hing et al., 2020, page 96). Women are reported to perceive online gambling as less stigmatised as well (Castrén et al., 2018).

Ultimately, the significance of social connections to women's gambling may become a barrier to provision of support to those whose gambling has become harmful. Drawing on evidence from research into drug and alcohol addiction recovery, the importance of the role that intimate relations play in gambling behaviour could impact detrimentally to recovery, as well as a support to it. (Collinson and Hall, 2021).

As noted in Chapter 3, the gender expectations placed on women in family and working life can impact on gambling behaviour, with marriage impacting differently on women from men according to a Canadian study (van der Maas, 2016). For men, the effect of marriage as a protector against problem gambling remained steady regardless of whether the man was in employment or not; however married women who were *not* employed had lower levels of problem gambling, whereas married women who were in work have higher levels. In other words, simultaneously holding the roles of spouse and worker had a negative impact on women's gambling behaviour. Chapter 3 also highlighted the parental role in normalising gambling, where a study in Australia showed young women could be exposed to gambling at a young age through family gambling practices, including as

participants e.g. being given the responsibility to organise sweeps for horse races (McCarthy et al., 2020).

Finally, as traditional gender expectations alter, gendered patterns of gambling may follow; as more women become active watchers of sports, the participants in sports betting also increases (McCarthy et al., 2018).

4.3 Financial and economic drivers

Winning money can be a motivation for some gamblers of both sexes and research has found that these gamblers are more likely to gamble frequently, and more likely to display signs of harmful gambling (Palmer du Preez, 2019). There were no differences between men and women, although it was more common among younger people.

From a gendered perspective, there is evidence that some women see the potential financial gains of gambling as a way of contributing to the household finances, and this manifests itself in a number of ways. Firstly, if money for bingo can be budgeted for, then it is no longer considered to be gambling. Working class women, such as the women from Pacific Island community of Australia (Casey, 2006 cited in Cox et al., 2021) *'present themselves as the right kind of moral agent'* (page 8), one who can show financial discipline, and put the household budget first. For women in low-income households, who were trying to balance a limited budget it was found that *"Gambling had become engrained into weekly household spending practices and offered a small hope and daydream of security, calm and predictability"* (Casey, 2012).

The financial subjectivity demonstrated by women gamblers also reflected gendered expectations of care; the winnings from gambling were there to be spent on their families (Cox et al., 2021; Lelonek-Kuleta 2021; Scottish Women's Convention, 2021). In some migrant communities, the 'ethics of care' extended the obligation to support a wider network, and winnings were spent either helping or treating their relatives (Cox et al., 2021). However, Lelonek-Kuleta (2021) observed that among older women in Poland (aged 55+) who showed signs of problem gambling, the money from winning was used to continue gambling, rather than going on their family, or was seen as an end in itself.

Winnings from gambling could also be the economic means for women to obtain a level of financial independence, particularly where they had few other ways of increasing their income; or to escape from an abusive relationship (Freytag et al., 2020; Scottish Women's Convention, 2021; Palmer du Preez et al., 2021b), or as an escape from poverty (Palmer du Preez et al., 2021a).

4.4 Industry practices

The growth in women gambling is attributed to the 'feminisation' of the gambling industry, which has employed specific strategies to appeal to women, ensuring that *'gambling environments are increasingly attractive, socially acceptable and inclusive environments for women'* (McCarthy et al., 2019, page 3). These strategies include embedding gambling within other social activities, such as dining out, or nightclubbing; placing EGMS in hotels, or at places that are socially acceptable to women such as horse racing carnivals (McCarthy et al., 2019; McCarthy et al., 2020; BetKnowMore, 2021; McCarthy et al., 2021b); or by offering coffee or free food (BetKnowMore, 2021; McCarthy et al. 2021b).

4.4.1 Environment

Ensuring women feel safe in gambling environments is an important part of increasing female participation (BetKnowMore, 2021), and the evidence shows that some operators go the extra step to make this happen in their venues. In some local communities in Australia, operators provided courtesy buses to transport women to and from the venues safely (Hing, 2017 cited in BetKnowMore, 2021). Gambling venues often have security guards and friendly staff (McCarthy et al., 2021b). Women may feel protected from the unwanted advances from men, in a way they do not in bars or clubs (Freytag et al., 2020); and as already noted gambling venues can offer a safe haven to women who are in abusive relationships (Freytag et al., 2020; McCarthy et al. 2021b)

4.4.2 Marketing

Gendered marketing is seen to compound this ‘feminisation’, using female celebrity endorsement, or targeted campaigns aimed at different groups of women (Castrén et al., 2018; McCarthy et al., 2019; Scottish Women's Convention, 2021; BetKnowMore, 2021). In the UK, an estimated £747 million was spent on marketing messages aimed at specific groups of people, including women of specific ages (House of Commons, 2020 cited in BetKnowMore, 2021). There is evidence of gambling operators targeting women for example in relation to online bingo sites (Public Health England, 2021e) and online casinos (Håkansson & Widinghoff, 2020a).

Thomas et al. (2020) drew on research into the gendered practices of alcohol and tobacco marketing, along with qualitative research with young Australian women who gamble, to produce a typology of the strategies employed to engage women in these activities. She concluded there were six main approaches: self image; empowerment; social connection and acceptance; the feminisation of the product; strategic association; and strategic marketing. However, aside from marketing aimed specifically at women, women are as likely as men to be exposed to general marketing for gambling. McCarthy et al. (2018) hypothesises that as women watch sport, their increased exposure to betting advertisements has increased their participation in sports betting. Evidence from young men in sports bettors highlights the dangers of mobile app technologies in facilitating ease of betting, along with incentivisation strategies and in-play promotional offers to encourage impulsive gambling behaviour (McGee, 2020). It seems likely these strategies have a similar impact on women.

4.4.3 Product design

Product design and channel can influence the ways in which women engage with gambling. Research into the nature of online gambling is still in its infancy, and so assumptions about how women behave online may be based on their engagement with traditional forms of gambling. Overall, the accessibility and anonymity of online gambling may reduce stigma of women participating (McCarthy et al., 2019). As discussed above, the features of EGMs, and their environment, contribute to the users getting ‘in the zone’ and encourage use (McCarthy et al., 2021b). A study from Sweden (Håkansson and Widinghoff, 2020a) found that the gender distribution in online casino use may be different to what is typically known about problem gambling.

4.5 The impact of the COVID-19 pandemic

The evidence shows that the UK’s pandemic lockdown resulted in changing gambling behaviour among existing gamblers. An online survey of regular sports bettors in the UK during lockdown (Wardle et al., 2021) showed that, while betting generally decreased, problem gambling was associated with starting new gambling activities during lockdown for men and that women who were shielding for health reasons were especially vulnerable to gambling harms. A further study (Public

Health England, 2021c) showed that more female regular online gamblers had signed up for new gambling accounts since the start of lockdown, than male gamblers. This seems to reinforce the evidence that women's online gambling practices are different to those seen offline.

5 What are women's experiences of harmful gambling?

The evidence suggests that most people in Britain gamble without experiencing harm. In a recent population survey, 10% of women scored one or higher on the PGSI scale, indicating that they experienced some level of harm from gambling; while 49% of women respondents were classified as non-problem gamblers; and 41% did not gamble (Gunstone and Gosschalk, 2019).

However, where people do experience harms from gambling these can be severe and enduring. Langham et al. (2016) defined gambling harm as *"Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population"* (page 4).

This Chapter builds a picture of women's experiences of gambling harms by looking at the evidence on the extent of gambling harm among women; factors related to gambling harm for women; the different gambling-related harms that women experience (financial; relational; health; crime; performance and productivity; cultural harm); the prevalence of co-occurring conditions among women; and intergenerational harm and harm over the lifecycle from gambling. The final section (5.4) brings together the evidence about women's experiences of gambling harms as affected others.

Key points:

- In Britain, women experiencing high levels of gambling harm from their own gambling are much more likely to be younger (aged 18-34), and to be from a Black, Asian or minority ethnic background, than women generally.
- Women experience multiple and inter-connected harms from gambling – particularly financial, relational and mental health harms - both as gamblers and affected others. There is also relatively strong evidence linking gambling with criminal activity, some of which suggests that crime is a gambling-related harm that can affect women as much, or even more than, men.
- There was less evidence (for both women gamblers and women affected others) about cultural harms and negative impacts on performance and productivity; and about women's trajectories into harmful gambling; intergenerational harms; harm over the lifecycle; and the legacy of gambling harms over the longer term.

5.1 The extent of gambling harm among women who gamble

In this section, we consider the evidence about the extent to which women experience gambling harms; the demographic characteristics of women who experience or are at risk of gambling harms; and the gambling products most associated with harm for women.

Rates of 'problem gambling' are found to be higher among men than women across different countries (Williams et al., 2012, cited in Matheson et al., 2021; Castrén et al., 2018; Carneiro et al., 2020). A recent meta-analysis of 104 studies of gambling prevalence confirmed that men remained at a higher risk of problem gambling compared to women in all age groups. Gamblers aged under 35 were at a higher risk compared to older gamblers for both genders (Allami et al., 2021).

In Britain, a 2019 YouGov survey showed that 10% of women scored 1+ on the Problem Gambling Severity Index (i.e. they experienced some level of harm from their gambling), compared with 17% of men. Among this 10% of women, 6% were low-risk gamblers (PGSI 1-2); 2% moderate-risk gamblers (3-7); and 2% problem gamblers (PGSI 8+) (Gunstone and Gosschalk, 2019). In another study, regression analysis showed that men in England were 4.2 times more likely than women to be

harmful gamblers; with men in younger age groups (under 35) most likely to experience both problem and at-risk gambling (GOV.UK/Public Health England, 2021a).

In Finland, there was some evidence that *'the gender gap in gambling-related problems is narrowing'*, with increases in non-problem gambling (between 2007-2015), at-risk gambling (between 2011-2015), and problem gambling (between 2011-2015) for women (Castrén et al., 2018). Evidence from Australia (the state of Victoria) also suggests that gambling risk profiles of women are changing, with prevalence data showing an increase in women classified as low-risk gamblers (from 4.44 per cent in 2008 to 9.99 per cent in 2014), indicating that women low-risk gamblers may have replaced women non-problem gamblers (Hare, 2015 cited in Thomas et al., 2020).

In Spain, although women were found to have a significantly lower prevalence of pathological (compulsive) gambling than men in all age groups, when all gamblers were considered (i.e. anyone who had gambled at some point in their life), there was no difference between men and women. In other words, part of the reason women had lower rates of pathological gambling at any given age was because they gambled less than men (Chóliz et al., 2021).

Although the evidence is limited, findings suggest there may be notable differences in the prevalence of behavioural addictions (including gambling) between individual transgender and gender diverse subgroups (Ruppert et al., 2021).

5.1.1 The profile of women harmed by gambling

In Britain, a 2019 YouGov survey found a strong relationship between age and levels of gambling harm among women: women gamblers experiencing high levels of harm from gambling (a PGSI score of 8+) were much more likely to be younger (aged 18-34) than women generally. Women 'problem gamblers' were also much more likely to be from a Black, Asian or minority ethnic background compared with women generally (35% vs. 12%) (Gunstone and Gosschalk, 2019). One study found that both women and men in the prison population in England were significantly more likely than the non-prison population to be categorised as 'problem gamblers' (10.4% of men in prison and 5.9% of women in prison, compared with a national prevalence rate of problem gambling of about 0.4%) (GOV.UK/Public Health England, 2021d).

There are concerns that older women in Australia may be at an increased risk of harm from gambling (Rockloff et al. 2020, cited in McCarthy et al., 2021a), and a systematic review of the international literature indicates that women over the age of 60 have an equal or greater risk for a gambling disorder compared to men (Hilbrecht, 2021). A study in Canada found a higher prevalence of at-risk, problem and pathological gambling among women who used homeless shelter and drop-in services than in the general population (based on a sample of 162 women) (Matheson et al., 2021).

5.1.2 Gambling products associated with harm for women

There is evidence of links between particular gambling products and harm for women.

A study in Britain found that, for many gambling products, the likelihood of women's involvement increased in line with their PGSI score. So online casino games were played by 26% of women gamblers with a PGSI score of 8+ (indicative of problem gambling), compared with just two percent of women with a PGSI score of zero, with a similar pattern observed for gambling in a casino (15% vs. two percent), gaming machines (15% vs. under one percent) and fruit or slot machines (17% vs. four percent). An exception was National Lottery tickets, with women categorised as 'problem gamblers' much less likely to participate (39%) than women gamblers with a low or moderate risk of harm (70%)

(Gunstone and Gosschalk, 2019). It is still worth noting that a higher proportion of women ‘problem gamblers’ played the National Lottery than all other types of gambling mentioned.

Elsewhere, there are concerns that women are particularly at risk of harm from electronic gambling machines (EGMs), which is linked to gambling operators increased focus on EGMs (Palmer du Preez et al., 2019; van der Mass, 2016). In New Zealand, 2012 data shows that while women and men engaged in non-casino EGM gambling to a similar extent, the gambling risk was heightened for women, over and above the effects of other factors usually related to gambling risk (e.g. age, ethnicity, socio-economic deprivation). In all, gambling risk for women was associated with five gambling products, which in order of risk magnitude were: non-casino EGMs, cards not in a casino, house/bingo, casino gambling, horse/dog race betting and Instant Kiwi scratch cards (Palmer du Preez et al., 2019). There is also some evidence that young women may be engaging in more online betting because it is viewed as *‘anonymous, less intimidating and safer’* (Baño et al., 2021, page 5).

5.2 Factors related to gambling harms for women who gamble

The evidence presents a complex picture of the potential risk factors related to gambling and gambling harm for women. As we explored in Chapter 3, the effects of gender intersect with demographic, economic, health and socio-cultural factors in ways that are important to understanding women’s gambling and gambling harm; and any examination of women’s experiences must consider gambling industry tactics as well (McCarthy et al., 2019).

A recent review of the evidence found that a lack of longitudinal research and robust assessment of studies made it difficult to draw any firm conclusions about gambling harm risk factors (GOV.UK/Public Health England, 2021e). However, we identified six main themes from the evidence we reviewed regarding risk factors for gambling harm: poverty; domestic abuse; parental influence; women’s perceptions of gambling risk; women’s gambling practices; and industry practices. The extent to which these themes help us understand women’s experiences of gambling harm are discussed below.

We found relatively little evidence about women’s trajectories to harmful gambling, and this evidence was mixed, depending on the population that was studied. One study conducted in Brazil found that women at-risk gamblers started gambling in their 30s and took about 12 years to start experiencing gambling-related problems.¹³ These findings were in marked contrast to earlier research by the same team conducted with clinical samples of women (i.e. those in treatment for gambling problems) which showed more rapid progression of gambling disorder (or ‘telescoping’) among women (Carneiro et al., 2020; Castrén et al., 2018).

5.2.1 Poverty

A scoping review comprising 27 studies from a range of countries found that gambling problems were associated with several different poverty measures (such as unemployment, housing instability, low income, homelessness, neighbourhood disadvantage). People living in impoverished areas were found to be more vulnerable to gambling problems than those in more affluent areas, with some population groups at greater risk, including historically marginalised groups such as indigenous peoples and Black

¹³ In the same study, men at-risk gamblers reported starting gambling in their 20s and took around three years to start experiencing problems.

people (Hahmann et al., 2021). Women were not mentioned as a group at greater risk, and other research in Australia found the strong association between gambling disorder and disadvantage did not significantly differ for men and women (Slutske et al. 2015, cited in Hahmann et al., 2021).

5.2.2 Domestic abuse

The evidence indicates clear but complex links between domestic abuse (where most victims/survivors are women) and gambling harm. Studies have found that 16–56 percent of people with a gambling problem perpetrate domestic and family violence; and 11 percent of people who perpetrate intimate partner violence report a gambling problem. At the same time, it is estimated that between 20–49 percent of people with a gambling problem are victims/survivors of domestic and family violence, with higher rates for intimate partner violence victimisation among women (up to 69%) (Hing et al., 2020).

In qualitative research with older women gamblers in Australia (aged 55+), women sometimes described unhappy, negative or abusive relationships with partners or spouses as a reason for starting to gamble regularly (which ultimately led to harmful gambling for them) (McCarthy et al., 2021a).

5.2.3 Parental influence

Analysis of a cohort study of children born in one county in England during 1991 and 1992 (the Avon Longitudinal Study of Parents and Children, ALSPAC) found that gambling engagement by parents was not a predictor of problem gambling by their children. However, where fathers had had problems with gambling, this was a risk factor for their daughters; and where mothers had had gambling problems, this was a risk factor for their sons. This cross-gender transmission has some precedent in relation to negative alcohol behaviours. Overall, the authors concluded that a low absolute number of ‘problem gambling’ cases would be expected to be generated from parental ‘problem gambling’, because there were fewer mothers categorised as ‘problem gamblers’ and for fathers the baseline risk was very low (Forrest and McHale, 2021).

As noted in Chapter 4, qualitative research with young women in Australia found that women exposed to gambling at a young age with family members and as part of family activities associate it with positive environments, which influence intentions to gamble when they are older (McCarthy et al., 2020).

5.2.4 Perceptions of gambling risk

There is some evidence (mainly from Australia) that supports the idea of gendered differences in risk perceptions of gambling harms. One quantitative study found that women were more likely than men to perceive casino table games, EGMs, betting on horse/dog races, and sports betting as harmful (Booth et al., 2021). A qualitative study with older women gamblers (aged 55+) indicated that women could misinterpret or minimise the risks of EGMs because they accepted a trade-off between the social benefits of gambling and money lost (McCarthy et al. 2021a; 2021b).

While there are concerns about general low awareness and knowledge of problem gambling (Hing et al., 2020), some studies have shown that women generally take less risks than men and judge the negative consequences of gambling as more likely to occur and more severe; and are more positive to measures which prevent gambling problems and reduce negative consequences (Engebø et al., 2021).

5.2.5 Gambling practices

As noted earlier, there is evidence that particular gambling products may be associated with harm for women, such as online casino games and EGMs, and concerns about online gambling among young

women. Other research (in Canada) has found that, among women poker players, the factors associated with gambling harms are distinct from those for men, with the severity of gambling problems associated with online poker playing; playing slot machines; and smoking cigarettes; but not substance misuse or mental health (Morvannou et al., 2020).

A study of young women gamblers in Australia found that betting regularly and across multiple products was associated with risk of gambling harm; young women who regularly attended gambling venues for family-based activities seemed more at risk of experiencing harm (McCarthy et al., 2020), suggesting that harm could potentially occur in plain sight of family members.

An all-women round table event about women's experiences of gambling held in Scotland in 2021 by the Scottish Women's Convention highlighted the hidden, secret nature of gambling problems, which included women lying to others and themselves. One participant described how she told her husband she was going to work when she was going to play slot machines; and justified it to herself in a range of ways such as 'I don't drink, I'm only going to bingo' or as a way to win money so her family could have better things. The distinct nature of (online) gambling meant that, unlike substance additions, women could gamble without leaving home (Scottish Women's Convention, 2021) which is especially important given women's continued role as primary caregivers, as discussed in Chapter 3.

5.2.6 Industry practices

As we saw in Chapter 4, industry practices are an important driver of women's gambling, through 'feminised' product design, aggressive marketing, and targeted incentivisation. These same practices are associated with gambling harm among women. Dow Schüll (2002) maintains that gendered differences in patterns of compulsive gambling are explained by social context rather than sex, including gambling operators targeting women with highly addictive products that offer an escape from an unequal care burden, designing "*consumer technologies that capitalize on potent cultural anxieties*" (Dow Schüll 2002, cited in BetKnowMore, 2021).

One participant in a Scottish Women's Convention round table event on women's experiences of gambling, who previously worked for a gambling operator, described how she became addicted to gambling after being encouraged to make trial bets as part of her job. She felt this acted as a gateway to her gambling problems and that her employer could have been more supportive (Scottish Women's Convention, 2021).

5.3 What harms do women experience from their own gambling?

We use Langham et al.'s (2016) taxonomy to explore the evidence about the harms from gambling experienced by women who gamble across six dimensions: financial harms; relationship harms; harms to health and wellbeing; reduced performance and productivity; cultural harms; and criminal activity. We found most evidence in relation to financial harms, relationship harms; harms to health; and criminal activity and less about cultural harms and reduced performance and productivity.

The evidence clearly shows the inter-relationships between different dimensions of harm that have implications for treatment and support interventions. Linked to this, women are often more likely to experience co-occurring issues such as substance addiction. There was less evidence about intergenerational harms, harm over the lifecycle or the legacy of gambling harms over the longer term.

5.3.1 Financial harms

There is a large body of evidence around the financial harms caused by gambling. The extent of gendered differences seems less clear-cut, except in the case of affected others (which we discuss in section 5.4). The three main financial harms described in the evidence are: depletion of resources; borrowing and debt; and economic abuse. We explore each of these below.

5.3.1.1 Depletion of resources

While not gender specific, Kerr et al. (2019) found that some people mitigated their spending on potentially harmful gambling by economising in other areas of their life or drawing on savings (cited in BetKnowMore, 2021). In the case of families, this could negatively impact the living standards of other family members, including children

Some research indicates that women's financial losses from gambling can be more modest than men's (BetKnowMore, 2021; Håkansson and Widinghoff, 2020a), possibly due to lower incomes (which risks the unhelpful perception of women's gambling being less harmful) (Palmer du Preez et al., 2019). Other studies note that the financial harms experienced by women can be just as devastating, for example because lack of financial resources reduces women's autonomy (BetKnowMore, 2021). A quantitative study in New Zealand found that women gambled to a similar extent to men (based on composite scores for frequency and level of expenditure), although the authors questioned whether women were in fact gambling a greater proportion of their available resources than men (Palmer du Preez et al., 2019).

5.3.1.2 Borrowing and debt

There is evidence (particularly from qualitative studies) that resource depletion because of harmful gambling can lead to borrowing and debt for both women and men gamblers, with potentially severe consequences for them and other family members (including children) such as loss of the home through repossession or eviction because of mortgage or rent arrears (BetKnowMore, 2021; Forrest and McHale, 2021; GamCare, n.d.). Moreover, gambling-related debt can lead to other harms such as relationship problems, physical and mental health problems, and crime (Forrest and McHale, 2021). One woman participant in a round table event organised by the Scottish Women's Convention in 2021 described how she had to sell up and move home several times due to gambling debt; and constantly relied on family and friends for money (Scottish Women's Convention, 2021).

There is some evidence to suggest that gambling-related debt can be gendered: a survey in Sweden found that the self-reported financial consequences of gambling, including accruing debt and over-indebtedness, were significantly more common in women categorised as problem or moderate-risk gamblers. In the sub-group of women and men categorised as 'problem gamblers', these items were comparable between women and men (Håkansson and Widinghoff, 2020a).

5.3.1.3 Economic abuse

Most of the evidence on economic abuse as a gambling harm relates to affected others, which we discuss in section 5.4.

Among women gamblers subject to intimate partner violence, gambling could be a reaction to their male partner's control of money, in an attempt to boost their income in order to gain some financial autonomy. Alternatively, a male partner might control his partner's finances in an economically abusive way, rather than trying to prevent her losing money gambling (Hing et al., 2020).

5.3.2 Personal relationship harms

Although not all of it is gender specific, there is a reasonable body of evidence on gambling-related harms to personal relationships, much of it from detailed qualitative studies. The main themes in the literature include the relationship strain caused by gambling; the potential loss of social networks; and the confusion of roles and responsibilities. We look at harms to work relationships in section 5.5. below.

Gambling can put relationships under strain, for example due to financial pressures and the prioritisation of gambling above everything and everybody else. As a result, one quantitative study found that people classified as moderate-risk or ‘problem’ gamblers experienced lower levels of family functioning and social support (Forrest and McHale, 2021). Qualitative evidence illustrated how this relationship strain was experienced within family and friendship networks, including arguments, domestic and/or economic abuse (Forrest and McHale, 2021; GamCare, n.d.), lack of trust (Hing et al., 2020; McCarthy et al., 2019), and communication breakdown (McCarthy et al., 2019).

Regarding the loss of social networks, among older women gamblers in Australia (aged 55+), playing electronic gambling machines in gambling venues could initially function as a social activity that helped combat loneliness. However, once gambling escalated to become harmful, *‘the more regularly they gambled, the more they gambled alone and became isolated from their social networks’* (McCarthy et al., 2021a, page 5). For women Pacific Islander migrants in Australia who gambled, their obligations extended beyond immediate family to the wider community network, such that the shame and guilt of losing money gambling could have wider ramifications in terms of social isolation – although the wider community could also be a source of support in these circumstances (Cox et al., 2021).

5.3.3 Harms to health

Evidence on the harms to health from gambling mainly comes from quantitative studies of mental health, suicide and suicide ideation among people with gambling disorder, with some indication that there are gendered differences.

Much of the evidence on health harms relates to suicide and suicide ideation (such as suicidal thoughts or ideas) (GOV.UK/Public Health England, 2021b; GOV.UK/Public Health England, 2021f; Valenciano-Mendoza, 2021; Hing et al., 2020; Håkansson and Widinghoff, 2020a; GamCare, n.d.). Quantitative studies showed that suicidal events (deaths, attempts, ideation) were significantly higher among adults with gambling disorder compared to the general population (GOV.UK/Public Health England, 2021b; GOV.UK/Public Health England, 2021f; Valenciano-Mendoza, 2021; Håkansson and Widinghoff, 2020a), with some evidence that women experienced more pronounced mental health distress. One study found that some participants, particularly women, had already experienced suicidal events before starting to gamble, which suggests that gambling may trigger suicidal events in some people already prone to suicidal ideation (GOV.UK/Public Health England, 2021b). A study conducted in Spain showed that the likelihood of presenting suicidal ideation was higher for women with gambling disorder than men (Valenciano-Mendoza, 2021). In a Swedish study, all psychiatric conditions were more common among women with gambling disorder than men, however only men tended to experience problem gambling first (GOV.UK/Public Health England, 2021f); and more suicidal behaviour was reported in women with gambling disorder compared to men (Håkansson and Widinghoff, 2020a).

In an Australian study that explored women’s experience of gambling and intimate partner violence, most women with a gambling problem who had experienced depression or anxiety reported that

their mental health issues preceded the start of their abusive relationship and their gambling. It found that *'while they were vulnerable to gambling due to these comorbidities, their IPV experiences compounded these comorbidities and resulted in increased gambling as a coping mechanism'* (Hing et al., 2020, pages 67-8).

5.3.4 Reduced performance and productivity

We found relatively little evidence in the literature we reviewed about the harm to people's performance and productivity because of gambling; and only one reference that specifically considered women's experiences of this type of harm (which was linked to criminal activity).

In their own review of the research, Forrest and McHale (2021) identified qualitative evidence of adult gamblers losing jobs, being demoted or resigning due to gambling. Gambling was also linked to poor concentration at work, lateness, absence and turning up for work after no sleep (ibid). In a Scottish Women's Convention round table event on women and gambling in 2021, one participant who worked in the gambling industry described losing her job after she was caught stealing scratch cards (Scottish Women's Convention, 2021).

5.3.5 Cultural harms

Cultural harms refer to the tensions between gambling and cultural practices and beliefs, including the impact of gambling on participation in cultural practices and roles (Langham et al., 2016). There was less evidence about cultural harms in the evidence we reviewed compared to other harms.

Most of the evidence on cultural harms related to the shame and stigma that gamblers felt generally, where gambling was outside their cultural norms or forbidden (Freytag et al., 2020; Forrest and McHale, 2021). Regarding women's experiences, a study of Pacific Islander women in Australia showed a different facet of cultural harm. The women's shame at losing at bingo was tied to feelings of guilt and failure within a network of extended households where members were financially interdependent through social ties and cultural practices of gifting (Palmer du Preez et al., 2019). A New Zealand study also found that women's gambling in community settings could be normalised in ways that recalled the historical place of certain prescription drugs and alcohol as 'Mother's little helper' (ibid).

5.3.6 Criminal activity

We found relatively strong evidence linking gambling with criminal activity, some of which suggests that crime is a gambling-related harm that can affect women as much, or even more than, men.

In a quantitative study of the prison population in England (2012), 5.4% of men and 3% of women respondents considered that their current offence was linked to gambling; with a larger proportion (13.4 per cent of men and 7.2 per cent of women) saying they had ever committed an offence to finance gambling or pay off debts (Ramanauskas, 2020; GOV.UK/Public Health England, 2021d). The researchers concluded that *'From this data we would estimate that at least 5 per cent of offending could be reduced if gambling problems were effectively addressed'* (May-Chahal et al., 2012, cited in Ramanauskas, 2020). A study in Finland found that women who were arrested were just as likely to have gambling problems as men (Lind and Kääriäinen, 2018 cited in Ramanauskas, 2020); and research in Australia found that nearly half of women in their sample of arrestees (47.6 per cent) were classified as 'problem gamblers' compared with 31.6 per cent of men (Perrone et al., 2013 cited in Ramanauskas, 2020).

Qualitative evidence provides insights into the types of criminal activity linked to gambling and gambling-related financial difficulties, including theft from friends and families and employers as well as from strangers; selling drugs; taking out loans in other people's names; and other types of fraud (Forrest and McHale, 2021; Scottish Women's Convention, 2021).

5.3.7 Co-occurring issues

Although the precise nature of the relationship is unclear, the evidence shows that harmful gambling is associated with a range of co-occurring issues, including mental health disorders and use of alcohol, tobacco and drugs (GOV.UK/Public Health England, 2021f). Studies indicate that these associations can be stronger for women than men (Ramanauskas, 2020; Venne et al., 2020; McCarthy et al., 2019), supporting the idea of gendered pathways into harmful gambling.

In reviewing the evidence on women and gambling harm, McCarthy et al. (2019) found that women with gambling problems were more likely than men to have co-occurring anxiety and depression; personality disorders; alcohol-related problems; psychological distress; and were more likely to have experienced childhood abuse. They suggest that women may gamble harmfully as a way to mitigate mental health problems (ibid). Research in Sweden found that having anxiety or depression prior to the onset of gambling constituted a risk factor for developing a gambling addiction amongst women, but not men; anxiety and depression also presaged problem gambling for women, but not for men (Sundqvist and Rosendahl, 2019, cited in Ramanauskas, 2020).

There is a strong, consistent link between problem gambling and intimate partner violence: meta-analysis of 14 studies found that 38.1% of 'problem gamblers' report being victims of physical intimate partner violence, while 36.5% report perpetrating physical intimate partner violence. Qualitative research indicated that alcohol seemed to make the violence worse (Hing et al., 2021).

5.3.8 Intergenerational and lifecycle harms

There was relatively little information in the literature we reviewed about intergenerational harms from gambling and the experience of harms across the lifecycle, although some of it did focus on women's experiences.

Langham et al. (2016) found that homelessness, incarceration and removal of children by statutory agencies represented significant life course and intergenerational gambling-related harms, with both immediate and ongoing impacts for all those involved. A study in Britain concluded that, because women gamblers (from low-risk to problem gambling) were more likely to have children at home (which is linked to their continued role as primary caregivers, as we saw in Chapter 3), consideration needed to be taken of the risk of harm to families (Gunstone and Gosschalk, 2019).

Women participants in a round table about women and gambling convened in 2021 by the Scottish Women's Convention talked about the potential intergenerational effects of harmful gambling, for example if tightly controlled budgets or lack of money due to gambling meant that children in the household missed out on holidays and activities. Participants were also concerned about the impact on children of gambling-like activities such as loot boxes in electronic games, particularly as children might play these games alone in their rooms, meaning that parents were not there to manage their expectations and emotional responses as they might be, say, with real-life lucky bags (Scottish Women's Convention, 2021).

5.4 Gambling harms experienced by women as affected others

As noted in section 2.4, around 7% of the population in Britain were found to be negatively affected by someone else's gambling; affected others were more likely to be women (particularly as partners and spouses); and women were more likely to have experienced all the negative impacts of being an affected other (GOV.UK/Public Health England, 2021a).

In this section, we explore the evidence on gambling harms experienced by women as affected others, and find that it is largely limited to financial harms linked to economic abuse; and personal relationship harms. There is therefore significant scope to expand this emerging field of research in a British context.

5.4.1 Factors related to gambling harms for women as affected others

Poverty and domestic abuse are the two factors related to gambling harms that are discussed in the literature, based on qualitative research carried out in Australia.

In relation to poverty, qualitative research in Australia on the harm experienced by families and others by someone else's gambling concluded that gambling harm for affected others was produced and exacerbated by gender inequality and poverty. Moreover, the struggle to maintain 'good motherhood' and avoid the stigma of 'bad motherhood' discouraged help-seeking (Palmer du Preez et al., 2021b). In relation to domestic abuse, qualitative work in Australia with women who experienced economic abuse perpetrated by a male partner with a gambling problem showed that violent episodes against women were linked to gambling events, particularly gambling losses (Hing et al., 2021).

5.4.2 What harms do women experience from gambling as affected others?

The evidence on the gambling harms experienced by women as affected others centres on financial harms (including economic abuse and criminal activity that causes financial harm) and personal relationship harms. While the evidence base is under-developed, it nonetheless illustrates the far-reaching impact of harms on partners, immediate family members and wider social networks.

5.4.2.1 Financial harms

Data for England shows that women affected others were more likely to have experienced financial impacts from harmful gambling than their male counterparts (67% of women compared to 48% of men) (GOV.UK/Public Health England, 2021a); and other studies show how the financial fallout of harmful gambling can have devastating and long-lasting effects for women and families (BetKnowMore, 2021; Hing et al., 2020).

Economic abuse against women by men who engage in harmful gambling was a strong theme in the literature (Hing et al., 2021; Palmer du Preez et al., 2021b; Scottish Women's Convention, 2021; Hing et al., 2020; McCarthy et al., 2019; GamCare, n.d.). Qualitative research with women in Australia who experienced economic abuse perpetrated by a male partner with a gambling problem illustrated how harmful gambling intensified the need for significant sums of money to sustain the addiction. The devastating financial consequences that women had to deal with included depleted funds for household expenses; debt; sale of family assets; and financial deprivation, with long-term legacy impacts (Hing et al., 2021).

Gambling-related economic abuse is overwhelmingly perpetrated by male partners against women¹⁴, and may include:

- Using a woman's income to resource gambling
- Controlling financial decisions in ways that are detrimental to the family
- Unauthorised use of joint funds
- Taking possessions out of the home to sell
- Gambling money earmarked for household expenses such as bills and food, meaning women can be left with large debts
- Coercing or duping her into taking out a loan and then spending it on gambling
- Coercing her into criminal activity and debt
- Gambling family resources away post-separation (Hing et al., 2021; Scottish Women's Convention, 2021).

The impacts of gambling-related economic abuse were severe and could include the loss of safety and financial security for women and children (Palmer du Preez et al., 2021b); homelessness following relationship breakdown (Scottish Women's Convention, 2021); and children missing out because money was always short due to gambling (ibid).

As noted previously, research in Australia found that women who experience intimate partner violence in combination with a gambling problem (their own or their partner's) were at risk of economic control and abuse. Financial, emotional and relationship stresses from gambling could reinforce intimate partner violence; while alcohol and drug use and mental health issues could exacerbate gambling harm (Hing et al., 2020). The inter-relationships are complex and bidirectional: women might experience destitution due to a partner's harmful gambling or be forced to take on debt or work more to support a partner's gambling (ibid).

5.4.2.2 Personal relationship harms

Research in Australia with women who experienced gambling-related domestic violence showed that triggers for violence multiplied where gambling caused conflict with an abusive partner, for example, women recalled violent backlashes when they questioned their partner's gambling, with violence getting worse as the strains on the relationship increased (Hing et al., 2020; McCarthy et al., 2019); and abusive partners using gambling problems as a justification for violence against women (Freytag et al., 2020). A New Zealand qualitative study linked patriarchal family structures to physical violence against women when they refused to provide their partners with funds for gambling (Palmer du Preez et al., 2021b). The resulting poverty that women experienced from gambling and economic abuse could trap them in abusive relationships (Hing et al., 2021) or leave them in dire financial situations after relationship breakdown (Scottish Women's Convention, 2021).

Langham et al. (2016) was the one study in our review to highlight the confusion of roles and responsibilities that harmful gambling could create, which resulted in relationship tensions. Spouses and partners of people who gambled to harmful levels described how their relationships changed to that of a parent/child because they had to assume responsibility for all the family finances, check on their partner's whereabouts and give their partners an allowance to try and limit the amount they

¹⁴ There was no mention in the literature we reviewed about economic abuse perpetrated by other men in women's lives such as male relatives.

could spend gambling. This could cause resentment or distress among partners – and for women potentially represented an added (possibly unwelcome) dimension to their domestic burden of care.

5.4.2.3 Harms to health

Among affected others, there was evidence that both children and partners (who are often women) experience mental and physical health problems that were linked to living in fear, anger, guilt, loss, despair and uncertainty (McCarthy et al., 2019; Palmer du Preez et al., 2021b). In a study conducted in Britain, women affected others were more likely to report depression, anxiety and anger towards the problem gambler (81%) compared to men (64%) (Gunstone and Gosschalk, 2019).

5.4.2.4 Reduced performance and productivity

There was evidence of the ripple effects of someone else's harmful gambling on the performance and productivity of affected others, where being tired and distracted at work or study was the result of emotional or psychological distress because of someone else's gambling; and negative financial impacts of reduced productivity at the community level (Langham et al, 2016).

5.4.2.5 Criminal activity

Analysis of crime reports in Finland highlighted the ease with which a partner with a gambling problem could perpetrate economic abuse, due to factors like shared bank accounts, shared access to personal identification details for accounts, opportunities for theft at home, and the partner with a gambling problem also being the financial manager for the household (Lind, Kääriäinen, & Kuoppamäki, 2015, cited in Hing et al., 2020). Reinforcing this, a study in Australia found that women in abusive relationships could be victims of financial fraud or theft when their partner stole from them or acquired joint debt without their permission to fund their gambling (Freytag et al., 2020).¹⁵

5.4.2.6 Intergenerational and lifecycle harms

Research conducted in Australia notes the continuation of harms experienced by affected others (who are often women) long after gambling has stopped (Palmer du Preez et al., 2021b).

¹⁵ In England and Wales, the Domestic Abuse Act (which came into law in April 2021) includes economic abuse for the first time and contains new measures to protect victim-survivors of domestic abuse, including the creation of a Domestic Abuse Commissioner role to monitor the government's response to domestic abuse. <https://survivingeconomicabuse.org/i-need-help/economic-abuse-and-the-law/domestic-abuse-act/>

6 How can gambling harms be prevented or reduced among women?

In this chapter we move to thinking about how to reduce or prevent gambling harm among women. We explore the evidence around women's need and demand for help; the barriers to women accessing help and support for gambling-related problems; and how those barriers might be addressed, for example through gender-responsive services. The little evidence we found on how to reduce or prevent gambling harm among women affected others is presented alongside the evidence for women as gamblers. The last section considers gender-sensitivity in policymaking and regulation.

Key points:

- There is unmet need in Britain for gambling treatment and support among women who gamble.
- Women may not seek help with harmful gambling because they believe their gambling is not harmful; stigma, shame and fear; low awareness and understanding of service offerings; poor understanding among professionals; and practical barriers such as accessibility and childcare.
- Addressing these barriers requires gender-sensitive and trauma-informed approaches; community-based, integrated services; better public information and messaging; and wider interventions that address the socio-economic and socio-cultural determinants of women's experiences and look to disrupt industry practices that are harmful to women.
- While there is unmet need in Britain for gambling treatment and support among women affected by someone else's gambling, there is scant evidence about ways to reduce or prevent gambling harm among this group although some of the evidence about service design and delivery for gambling treatment and support services may equally apply to services for affected others.

6.1 An overview of treatment and support provision in Britain

Most of the specialist treatment and support services for those affected by gambling harms in Britain are currently commissioned and funded via GambleAware, under the umbrella of the National Gambling Treatment Service (NGTS) which works with, and alongside, the National Health Service. The NGTS is free at the point of delivery and provides telephone, online and face-to-face treatment for individuals and groups, across Great Britain. Self-referrals through the 24/7 National Gambling Helpline are the main route for accessing the treatment, which is provided by a network of NHS trusts and voluntary sector organisations (GambleAware, 2021). In addition, the website begambleaware.org provides free, confidential information and advice to anyone worried about gambling (either their own or someone else's).

In terms of specialist services for women, Gordon Moody Association (part of the NGTS) plans to open the first women's residential gambling addiction treatment centre in 2021 (GMA, 2021). Also part of the NGTS, the National Gambling Helpline and GamCare support families and affected others via phone, webchat and one-to-one counselling, as well as an online forum for friends and family.

Outside the NGTS, there are a range of organisations that offer peer support to people affected by gambling harms, such as Gamblers Anonymous (a free self-help group) and its sister organisation GamAnon (for people affected by someone else's gambling); GamFam which helps families recognise the early warning signs of harmful gambling; and Gamily which provides online support for the families of gambling addicts. In terms of self-help resources, there are a growing number of podcasts and online resources produced by and with people who have experienced harmful gambling that aim to raise awareness and offer support and advice (Collard and Cross, 2021). Other self-help resources include software that blocks gambling websites on smartphones and personal computers – which may

be used by people who gamble and affected others; and schemes that enable people to self-exclude from gambling venues and online gambling (ibid).

Family members, friends, faith groups and community organisations may all be informal sources of advice and support; and people affected by gambling harms may seek help from other services for co-occurring issues such as mental health problems or other addictions, or to deal with the impact of harmful gambling such as debt advice or relationship counselling.

6.2 Evidence of women's need and demand for help

The overall picture in Britain shows unmet need for gambling treatment among women who gamble and those affected by someone else's gambling.

In 2019-2020, just over 9,000 people received treatment from National Gambling Treatment Service, representing only a small fraction of people who are categorised as 'problem gamblers'.¹⁶ Most people treated were gamblers (84%) while 13% of referrals related to affected others (who we know are more likely to be women). While most of the people treated are men, the number of women has increased, from 19% in 2015-16 to 25% in 2019-20; and women receiving treatment via the NGTS tend to be older (e.g. 6.5% of people in treatment are aged 50-54, but this rises to 10.4% for women (GOV.UK/Public Health England, 2021a).

Survey data collected in 2019 shows that only 16% of women gamblers in Britain experiencing gambling harm (PGSI score 1+) had used some form of treatment and/or support service in the last 12 months. Younger women (18-24) were much more likely than older women (55+) to have sought any type of treatment or support; and higher rates of help-seeking were also evident among women from Black, Asian and minority ethnic backgrounds; women gamblers with responsibility for children in the household; those drinking at higher risk levels; and those with higher PGSI scores. In terms of professional treatment services, women were most likely to access mental health services and GPs or social or support workers. Less formal types of support included self-exclusion (blocks on phone, etc.) and talking to friends or family members, or their spouse/partner (Gunstone and Gosschalk, 2019).¹⁷ The same 2019 survey found that, among women who had been affected by someone else's gambling in the last 12 months, the majority (55%) had not sought advice or support either for the person they knew with a gambling problem or themselves (ibid).

Insights from outside Britain include:

- **In Australia**, women were found to enter treatment earlier in their addiction than men due to greater stress over lower levels of debt, which was often owed to family and friends (Hing et al., 2017, cited in BetKnowMore, 2021); male partners of 'problem gamblers' were less likely than women partners to engage in treatment (Dowling, 2014, cited in Palmer du Preez et al., 2021b); and there was some indication (based on a small sample) that around half of the help-seeking affected other population was seeking help for the gambler rather than themselves (Rodda et al., 2020, cited in Palmer du Preez et al., 2021b).

¹⁶ Based on 2016 data, the Government estimated the number of 'problem gamblers' in Britain to be between 250,000 and 460,000 (House of Lords, 2020), which suggests that somewhere between 2% and 4% of 'problem gamblers' may have sought help from the NGTS.

¹⁷ By way of comparison, clients of debt advice services comprised men (44%) and women (56%), with lone parents (who are more likely to be women) over-represented among debt advice seekers (Money Advice Service, 2017).

- **In Finland**, among treatment-seekers at a gambling clinic, there were two peaks in age among women: age 26 and age 50; the same study notes that the growth in women's harmful gambling was not reflected in helpline contacts (Castrén et al., 2018).
- **In Spain**, a study of outpatient treatment seekers found higher family support among women with severe problem gambling (but not men), which seemed to be explained by the centrality of women's roles in maintaining family networks in Spanish culture (van der Maas, 2016).

6.3 What are the barriers to treatment and support for women?

There are five consistent themes in the literature around the barriers to gambling treatment and support for women: a belief that their gambling is not harmful; stigma, shame and fear; low awareness and understanding of service offerings; poor understanding among professionals; and practical barriers.

These same barriers prevent women from getting help for drug and alcohol addictions (Andersson et al., 2021; Collinson and Hall, 2021) and can be worse for some sub-groups of women including those who have experienced trauma and violence; those with comorbidity (i.e. poor mental health) and women who were pregnant or had parenting responsibilities (Arpa, 2017, cited in Andersson et al., 2021). Women with substance addictions also appeared to have higher rates of negative recovery capital (i.e. factors that impede recovery) which included biological factors as well as socio-cultural taboos associated with women's substance use, poor mental health, and exposure to violence and abuse (Andersson et al., 2021). This could also be the case for women who gamble harmfully, especially given the co-occurrence of gambling problems with other conditions, as we saw earlier.

6.3.1 Belief that gambling is not harmful

There is a large body of evidence that shows a major barrier to help-seeking among both women and men is a belief that their gambling is not harmful (see BetKnowMore, 2021 for an overview). A recent consumer survey confirmed that, in Britain, this is the predominant barrier, although it also noted that people experiencing low levels of harm may not need professional help (Gunstone and Gosschalk, 2019). Similarly, women who experienced gambling-related domestic violence often did not recognise the links between problem gambling and violence; or else felt reluctant to address the issue as gambling was a means of escape from abuse and violence (O'Mullan et al., 2021). The same was true of women for whom gambling was a way of coping with other problems in their lives (Freytag et al., 2020).

6.3.2 Stigma, shame and fear

Stigma, shame and fear also act as a significant barrier to help-seeking among women impacted by harmful gambling (again BetKnowMore, 2021 provides an overview; see also Matheson et al., 2021). In Britain, stigma and shame was found to be a particular barrier among women categorised as 'problem gamblers' (Gunstone and Gosschalk, 2019). The evidence highlights gendered dimensions to stigma, including:

- Feeling like an outsider in treatment services, partly due to being a woman (Kaufman et al., 2016, cited in BetKnowMore, 2021).
- Feelings of shame and guilt at not living up to perceived modern ideals of women; and fears of losing children or physical abuse from partners; and fear of being criminalised (Hing et al., 2017, cited in BetKnowMore, 2021; GamCare, n.d.).

- Patriarchal norms and culturally defined gender roles (including the struggle to maintain 'good motherhood') constraining women's ability to speak about and address gambling harms in their families, shown in studies in New Zealand and Finland (Palmer du Preez et al., 2021b) and potentially more acute for women living in small communities (Freytag et al., 2020).

6.3.3 Low awareness and understanding of treatment service offerings

A third barrier to women's help-seeking was low awareness and understanding of treatment and support services, compounded by a lack of clear, accessible informative advertising about what support was available to them; what type of help they might expect to receive; what the outcomes might be; and whether the services were for 'people like them'. This fed into concerns about whether their problems would be understood, worries about services linked to gambling websites, and confidentiality and anonymity (Kerr et al., 2019, cited in BetKnowMore, 2021; Palmer du Preez et al., 2021b). Qualitative research in Britain showed that, even if women were aware of services, many believed they were designed around, and existed for men not women (GamCare, n.d.).

Given the links between gambling harm and domestic abuse, Hing et al. (2020) point to a lack of gambling-related questions on assessment tools for other services such as domestic violence; and a lack of specialist services or referral options.

6.3.4 Poor understanding among health professionals

Some of the literature shows that poor understanding or dismissive attitudes among health professionals can also be a barrier to help-seeking for women. They might not ask women about gambling harm or else did not take the impacts seriously if they were raised (GamCare, n.d.); or else women felt professionals lacked understanding about what they were going through (Castrén et al., 2018). One of the barriers highlighted by Rogers et al. (2020) to the participation of women in peer support communities included meetings and discourse which were dismissive of women's experiences.

6.3.5 Practical barriers

The practical barriers that women face in accessing gambling treatment and support include wait times, distance/location, financial constraints, and lack of internet access (Kerr et al., 2019 and GMA, 2020 cited in BetKnowMore, 2021; Baño et al., 2021; Gunstone and Gosschalk, 2019). These same studies also allude to how gendered roles and responsibilities can exacerbate practical barriers to access, for example service provision needing to reflect the fact that many women work as well as having caring responsibilities (Mark and Lesieur, 1992 cited in BetKnowMore, 2021).

6.4 What can help prevent and reduce gambling harm among women?

The evidence indicates that reducing and preventing gambling harm among women may require four key components to help overcome the barriers described above:

1. **Gender-sensitive and trauma-informed approaches**, including women-only services that account for the reasons women gamble and the ‘masking effects’ of co-occurring conditions; and meaningfully involving women in the design and delivery of services.
2. **Community-based, integrated services** that make it easy for women to get the range of help they need.
3. **Better public information and messaging** about the signs of gambling harms for women and the support that is available, emphasising confidentiality and anonymity.
4. **Wider interventions** that address the socio-economic and socio-cultural determinants of women’s experiences and look to disrupt industry practices that are harmful to women.

We describe these four components below and suggest that they broadly align with Bloom et al.’s (2003) principles for gender-responsive services in alcohol and drug addiction recovery (cited in Andersson et al., 2021, page 461): **gender** (recognition that gender makes a difference); **environment** (the importance of safety, respect and dignity); **relationships** (supporting individuals to establish healthy relationship); **services** (comprehensive, integrated and culturally relevant); **socio-economic status** (providing opportunities for enhancement); **community** (comprehensive and collaborative community services); and **trauma-informed** (recognising the high levels of trauma experiences by substance-using women as children and/or adults).

It is important to note that, while these components are derived from research evidence, we did not find much evidence in the literature about their practical application in relation to gambling harm or evaluation evidence about the effectiveness of services designed around these components. A possible explanation for the apparent lack of evidence is that this is a relatively new field of study.

6.4.1 Gender-sensitive and trauma-informed approaches

The literature strongly supports gender-sensitive and trauma-informed approaches to the design and delivery of gambling treatment and support services for women (both as gamblers and affected others). Learning from tobacco control, McCarthy et al. (2019; 2021b) emphasise the importance of a gendered approach focusing on men and women separately, to understand the range of determinants that specifically influence women’s gambling attitudes and behaviours. This insight is required to design successful evidence-based interventions that meet the needs of different population sub-groups harmed by gambling. Prevention and reduction measures also need to be iterative, flexible and address broad context of women’s lives (ibid).

The key elements of a gender-sensitive and trauma-informed approach are seen to include:

- The availability of women-only services and spaces (BetKnowMore, 2021; Scottish Women’s Convention, 2021) and the meaningful involvement of women in their design and delivery, for example through client-led practice (BetKnowMore, 2021; Palmer du Preez et al., 2021b).
- Routinely screening for co-occurring mental health problems and trauma, which appear more common among women harmed by gambling and can include intimate partner violence which may require enhanced support (McCarthy et al., 2019; Best et al. 2019, Kaufman et al., cited in BetKnowMore, 2021; van der Maas, 2016; Hing et al., 2020; O’Mullan et al., 2021).

- Designing psychological interventions that address dropout and relapse risk factors for women such as lower levels of education and drug use (Baño et al., 2021).
- A greater focus on emotional needs in psychological and other interventions, as well as social isolation and the management of stigma (Best et al. 2019, cited in BetKnowMore, 2021; Engebø et al., 2021; van der Maas, 2016).
- Making sure services are available and accessible to women, in terms of opening times and locations and practical assistance such as childcare (Hing et al., 2017 cited in BetKnowMore, 2021), and improving referral pathways from non-gambling sectors (GamCare, n.d.).
- Making information and help available from a range of sources, such as non-gambling support services, local councils (Kerr et al., 2019 cited in BetKnowMore, 2021).
- Providing ongoing gender-responsive recovery support, where evidence from substance addiction indicates that women have specific needs in relation to mental health and relationships with children or partners (Andersson et al., 2021).
- Designing services for women who are affected others that recognise them as individuals with lived experience of gambling harms who need help and support in their own right, rather than as the gambler's 'intervention ally', which may help validate their personal boundaries and safety concerns (Palmer du Preez et al., 2021b).

6.4.2 Community-based, integrated services

Evidence from qualitative studies in Australia suggests that women who are vulnerable to high-risk forms of gambling (such as EGMs) may need community-based gender-sensitive interventions, for example that provide alternative leisure activities or safe alternative venues to community gambling venues (McCarthy et al., 2019), in recognition that they often lack social support in their lives (Palmer du Preez et al., 2019).

Similarly, research in New Zealand with indigenous women affected by someone else's gambling argued for treatment and support services to focus on supporting broader family and community systems to address the complex inter-related issues in women's everyday lives and aid community wellbeing. In designing gender-aware family and community interventions, *'Gender dynamics should be carefully considered to avoid adding to women's social burden and exacerbating harm'* for example by finding ways to redistribute caregiving responsibilities (Palmer du Preez et al., 2021b).

In the field of drug and alcohol studies, active participation in, and contribution to, community or society is found to be a key factor in addiction recovery (Best, 2019). Community-based recovery services have been proposed as a potential way to support women who do not have pro-social networks, to help them detach from the stigmatisation and marginalisation associated with substance use and develop holistic identities (Collinson and Hall, 2021). While not specific to women, Hahmann et al. (2021) call for comprehensive, integrated gambling services that address multiple needs in the context of the links between poverty and gambling.

For women who experienced gambling harms linked to domestic violence and/or economic abuse, successful interventions included integrated services (Hing et al., 2020; O'Mullan et al., 2021), for example with domestic violence, family counselling, financial counselling and gambling support available in one organisation, with funding to provide long-term help and good referral systems (Hing et al., 2020). Freytag et al. (2020) highlight that financial counsellors or money advisers can help women affected others assess their options for safeguarding assets and savings; and advocate in relation to debts accrued in their name by the partner who gambles.

Allied to this is the importance of raising awareness of gambling harms among professionals in sectors such as financial counselling, financial services and housing/homelessness support (Hillbrecht, 2021; Matheson et al., 2021), to enable signposting and referral to gambling treatment and support; or in the case of financial institutions to help prevent gambling-related fraud in relationships (Hing et al., 2020). Evidence from the field of substance addiction shows that women are more likely to enter treatment indirectly, via mental health services and the child welfare system (Grella et al., 2008, cited in Collinson and Hall, 2021).

6.4.3 Better public information and messaging

McCarthy et al., (2021b) note that targeted public education campaigns, mostly based on personal responsibility paradigms, still primarily focused on the risks associated with gambling for men. These campaigns have possible unintended consequences for women, like reinforcing stereotypes about the types of individuals who may be at risk of harm, which in turn may intensify the stigma that women feel around gambling (McCarthy et al., 2019). Alternatively, there is a risk that women consider themselves at low or no risk of harm because they do not see themselves represented in such campaigns, particularly where gambling is normalised. It has been proposed that risk screening tools may help women and service providers identify and name these risks more effectively (Freytag et al., 2020). The idea of celebrity-endorsed campaigns and feminist cognitive behavioural strategies have also been raised (Kerr et al., 2019 cited in BetKnowMore, 2021).

In addition, there is evidence to suggest that creating space for women to share their stories of gambling could help break down barriers of stigma, thereby encouraging women to seek help and promoting empowered participation (McCarthy et al., 2021b; Scottish Women's Convention, 2021). This accords with evidence from drug and alcohol addiction research, which finds that growing self-belief that recovery is possible is an important influence for women (whereas for men the most important influence is typically around changing social networks), highlighting the central role of peers and their social support in change processes (Best, 2019).

Regarding 'safer gambling messages' that focus on personal responsibility narratives to prevent or reduce gambling harm, evidence from an experimental study showed that gender had some influence on the effect of messaging. In a computerised gambling simulation with Australian adults, women experienced higher total losses if they received self-evaluative messages (e.g. You're playing faster than most people. Are you enjoying every spin?) when compared to women who received informative messages (e.g. Gambling at slower speeds leads to greater enjoyment) or self-monitoring messages (e.g. Did you know your play speed has increased? Are you enjoying every spin?) (Armstrong et al., 2018, cited in Hillbrecht, 2021).

Other research, with older women (aged 55+) in Australia who experienced harm from EGMs, proposed that focusing on the risk information of gambling products could be effective in changing these women's gambling practices and risk perceptions (McCarthy et al., 2021c). Although this did not appear to have been tested, others have also emphasised the importance of helping people in Australia generally, and gamblers specifically, understand the risks of popular gambling products (Booth et al., 2021).

6.4.4 Wider interventions

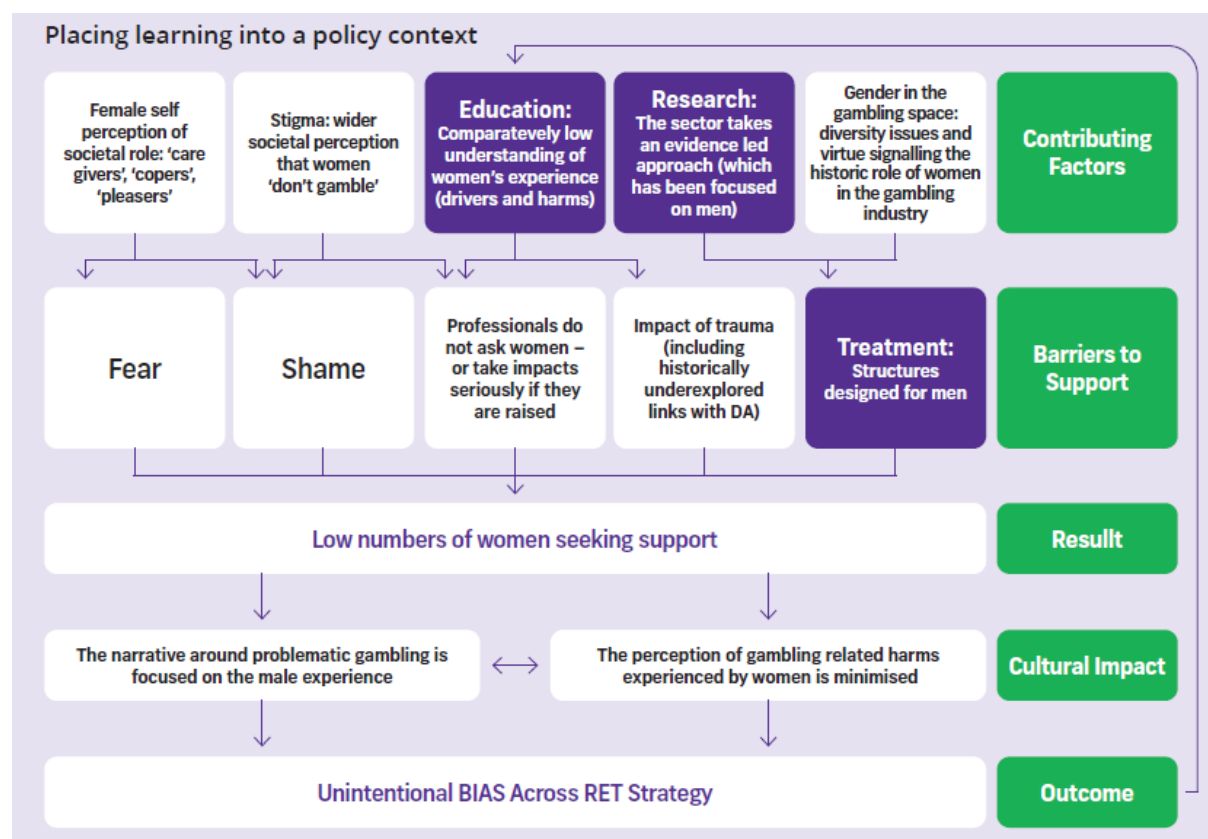
Palmer du Preez et al. (2021a) urge a shift away from focusing on individual psychological practices in gambling treatment and support for women to additionally consider the social and cultural determinants of gambling harm, such as gendered social expectations (as discussed in Chapter 3) and *'the ways in which poverty, victimization and violence are gendered'* (page 333). Precedent exists for

this in social models of addictions which ‘draw attention to wider cultural and environmental influences on biological, psychological and other factors, with implications for both the experience of and interventions to address harm’ (Palmer du Preez et al., 2021b, page 3).

The case has also been argued for identifying and disrupting the influence of commercial determinants of health alongside the social determinants, in ways that hold commercial actors to account (McCarthy et al., 2021c), similar to tobacco control. In the case of gambling harm, this could include identifying potentially harmful industry practices (such as product design, advertising, incentivisation) and disrupting their influence, for example through legislation and/or regulatory intervention.

6.5 What evidence is there about gender-sensitivity in policy and regulation that might be relevant to gambling?

Based on learning from the first year of its dedicated Women’s Programme, GamCare (n.d.) demonstrated how barriers such as women’s fear and shame, the perception of gambling as a man’s activity, and the limited evidence base around women’s experiences of harm, could exclude women from the wider policy frameworks established to mitigate gambling harms:



Source: GamCare, n.d., page 21.

There is evidence from gambling studies, tobacco control, public health, and substance addiction about what is required to ensure that policy, practice and regulation around gambling and gambling harms is gender-sensitive and gender-responsive. Suggested requirements include:

- Collecting and analysing gender-specific data (McCarthy et al., 2019), including for sub-groups of women to understand diversity of experiences (Matheson et al., 2021).
- Ensuring that ‘expert’/professional constructions of women’s gambling and gambling harm are based on women’s lived experiences (Palmer du Preez et al., 2021b); and challenging them when they are not.
- Taking into account women’s experiences who are outside treatment/support, including those in recovery (Andersson et al., 2021).
- Evaluating the effectiveness of interventions for women (McCarthy et al., 2019).
- Using gendered communication and education approaches (McCarthy et al., 2019).
- Collaborating with women who have lived experience of gambling and gambling harms, including vulnerable women (McCarthy et al., 2019).
- Using gender differences in game types (such as EGMs) to inform regulation (Castrén, Heiskanen and Salonen, 2018).
- Advising that all policy groups and forum should have equal numbers of men and women (McCarthy et al., 2019).

7 Cross-cutting themes

This chapter brings together the evidence to examine the cross-cutting themes relevant to all the dimensions of women's experiences of gambling and gambling harm. We group these themes into a single chapter to signal their significance in shaping women's experiences beyond gambling as well as the role of gambling in their lives, the drivers that lead them to gamble and the harms they may experience. These cross-cutting themes are also important for identifying and developing effective interventions that women are motivated to access. These themes speak to our recognition in this project that women are not a homogenous group and that sensitivity to their differences will enrich our understanding of gambling in their lives. The four cross-cutting themes are:

- Heterogeneity of women's experiences
- Power dynamics
- Intersectional identities
- Stigma and misconceptions.

7.1 Heterogeneity of women's experiences

Where we see research addressing the heterogeneity of women's experiences, this is primarily in relation to differences by age; there is also some evidence that looks at experience by ethnic background.

The evidence suggests that gambling is becoming more acceptable for younger women (generally 18-34 in the literature) than it is for older women (generally 55+ in the literature), and these generational differences extend to the gambling products used, the reasons women give for why they gamble and their efforts to seek treatment when gambling becomes a concern (see for example McCarthy et al., 2020; McCarthy et al., 2018). Ultimately, these differences suggest that developing interventions aimed at women need to be sensitive to the age-related diversity of women's gambling experiences. These differences suggest that cultural norms surrounding young girls' exposure to gambling also need more critical attention when developing public health education strategies, especially as young women are less likely to associate gambling with stigma compared to older generations of women.

A consistent theme of the research that focuses specifically on women's gambling, and especially young women's gambling, is the *social* aspect of gambling as part of a night out with friends or other social rituals involving peers (BetKnowMore, 2021). For older women, boredom and loneliness are more important motivators. A study in Poland of older women gamblers (aged 55+) found that gambling '*satisfies many important needs of older people*' (Lelonek-Kuleta, 2021) including social support. Older UK women described gambling more on EGMs than they intended but perceived this to be one of the few available and accessible leisure activities for older women (McCarthy et al., 2019). Although there is a recognition in the literature that '*the risk profile of different sub-populations of women may be influenced by a range of determinants and social contexts, and that there is no 'one size fits all' gambling risk profile for all women*', (McCarthy et al., 2021) fewer studies explore in great depth the diversity of roles gambling plays in different women's lives, and how the drivers of gambling may differ between different groups of women.

In research from New Zealand and Australia, researchers have noted that older women and indigenous/Aboriginal women may be at greater risk of harm from gambling but also view gambling more positively where gambling provides opportunities for social connection (BetKnowMore, 2021).

Women who spend long periods at home, for example, women who are ill or disabled, or with caring responsibilities, are more vulnerable to developing gambling problems, especially through online sites

(Corney and Davis, 2010 cited in BetKnowMore, 2021). Migrant women may also be more at risk of gambling harm because of the upheaval of building a new life in a different culture, past experiences of trauma and feelings of grief related to leaving their home countries (Freytag et al., 2020).

In the UK, women from Black, Asian and minority ethnic groups (BAME) are found to be more vulnerable to harm from gambling; women classified as 'problem gamblers' (PGSI 8+) were more likely to be BAME (5% of women compared to 2% women generally) and younger (18-34) (4%). There is a strong relationship between age and level of gambling harm in women: over half of problem gamblers (PGSI 8+) were aged 18-34 (compared to 9% of women age 55+) (Gunstone and Gosschalk, 2019). There is also evidence that *'a new group of younger women with serious gambling problems has emerged'* who use similar gambling products to young men, including more skills-based games and wagering, and that young women develop the most severe gambling disorders (Castrén et al., 2018).

Younger women (18-34) were more likely to experience severe levels of gambling harm but the reasons for this are not entirely clear. Some research points to the possibility that differences between women of different ages could be due to a 'buffer effect' effect whereby middle-aged and older women (generally aged 55+) are more financially stable, so their perceptions of losses (and harms) are underestimated (McCarthy et al., 2018). Research from Spain indicated that young women may be equally at risk of gambling harm compared to young men when exposed to industry advertising (BetKnowMore, 2021). For older women, the harms associated with gambling, either their own or others' gambling, can be especially damaging. Nearing or beyond the end of their working lives, older women who experience financial harm from gambling have little possibility of rebuilding their finances (Hing et al., 2020). Older women also described lack of awareness of the severity of gambling harms as important to their experiences. Secrecy and shame about their own or another's gambling may also play more of a role in their experiences.

Generally, we find that fewer studies pay attention to the distinctive experiences of sub-groups of women. Where studies are attentive to the heterogeneity of women's experiences, the findings affirm that women do not all experience gambling in the same ways, and that the risk of harms they face also varies. This insight is reflected in some of the literature that considers what lessons can be learned from other public health interventions, e.g. tobacco control campaigns that developed different educational messages for women from different socio-economic groups rather than relying on general population messages (BetKnowMore 2021; McCarthy et al., 2019 and 2021b). In the Australian context, women want culturally specific help that is relevant to their backgrounds and needs (Hing et al., 2017). Public education and support in this context is aimed primarily at men, or older women, leaving young women out (McCarthy et al., 2021b). Differences among women are also reflected in the evidence available on help-seeking, where younger women gamblers (aged 18-24) in Britain were more likely than older women (aged 55+) to have sought treatment and/or support/advice, as were BAME women, those from higher social grades, women caring for children, those drinking at higher risk levels; and those with higher PGSI scores (Gunstone and Gosschalk, 2019).

It is worth noting that, in the UK and elsewhere, terms like 'BAME' (Black, Asian and minority ethnic) and 'BME' (Black and minority ethnic) are increasingly contested, because of their homogenising nature. They have also been criticised for being divisive and exclusionary by othering the groups falling within them and emphasising certain ethnic minority groups over others. The terms are not well understood by the public and very few ethnic minority people think of or describe themselves in

these terms.¹⁸ There are several projects underway to strengthen the evidence base (and improve the quality of data) in relation to both ethnic and religious minorities in the UK, such as the Centre on Dynamics of Ethnicity's Evidence for Equality National Survey (EVENS). GambleAware has also commissioned research to build knowledge of minority communities' lived experience of gambling and gambling harms across Great Britain.¹⁹

7.2 Power dynamics

The power dynamics of relationships within families and communities can all shape how women experience gambling and gambling harms in their lives. These dynamics include gender inequality and the effect of living in societies that do not fully value women's participation, viewpoints, and concerns. There is increasing recognition that measures to address the risks and harms of gambling need to incorporate greater sensitivity to these issues. Gambling harm reduction needs to address not only biological and behavioural dimensions of gambling and health but also social and economic determinants (e.g. income, poverty) and gender power dynamics in families and communities.

7.2.1 Gendered power dynamics

Power dynamics may shape relationships within families and between women and their partners. These dynamics may take many forms relative to other aspects of women's lives, for example, levels of economic independence from their partners that may vary for different women at different stages of life, or how the demands of family life are distributed between men and women. They may also shape how women and men value gambling and its relationship to other aspects of their lives. For example, a study of migrant women in Australia who gamble at bingo noted that *'Although our informants may also be seeking 'time out' from family by going to bingo, they value domestic responsibilities as meaningful, not an imposition on their desires for an unfettered extension of their adolescence.'* (Cox et al., 2021, page 14). The authors contrast this with new forms of 'lifestyle gambling' that seem to elicit or appeal to forms of 'masculinist infantilisation' in which men position their gambling as antithetical with family life (e.g. *'taking pride in being kicked out of the house by 'the missus''* as described by Raymen and Smith, 2020, page 390).

Social expectations and norms may mean that women feel pressured to engage in gambling. In an Australian study of young women's gambling, women recounted how in mixed-gendered groups, young men might engage in drinking while young women went to gamble and might experience pressure to gamble in these social situations, although the research suggested that women felt most pressure to gamble when their partner was gambling (McCarthy et al., 2020). Young women also recounted in this research that gambling was an activity that they felt they could engage in to spend time with their fathers, suggesting that parent-child dynamics of seeking an emotional connection with and receiving attention from a parent could also play a role in women's experiences of gambling.

One tendency noted in the literature on women and gambling is the individualisation of gambling and gambling harms. While analyses of neurochemical and psychological dimensions of gambling behaviour can be useful, these approaches can obscure how individuals are also embedded in, and their behaviour dynamically shaped by, wider social dynamics, including gendered dynamics of power. The privileging of approaches that locate the individual as the key locus of responsibility as well as

¹⁸ See, for example: Race Disparity Unit (2021) [Writing about ethnicity](#) and Bunglawala, Z. (2019) [Please, don't call me BAME or BME!](#), Civil Service Blog.

¹⁹ https://www.begambleaware.org/sites/default/files/2021-04/Minority%20Communities%20Brief_FINAL_1.pdf

intervention also reflect the wider social dynamics of power that suggest an individual's poverty or poor health are also the result of individual (poor) choices rather than a social or collective responsibility. A critical review of the research literature on women and gambling highlights the implications of this approach:

Our analysis suggests that the dominance of (non-critical) public health and psychological discourses produces gambling harm as an individual phenomenon, in ways that belie the broader conditions under which women engage with gambling opportunities and practices. An effect is that across gambling studies in psychology, public health and epidemiology, there has been a noticeable lack of sensitivity to women's health literature, and the particular (and collective) issues women face, which form the social and cultural backdrop to their practices and experiences of gambling and harm. (Palmer du Preez et al., 2021, page 333)

Viewing gambling as part of a 'social and cultural backdrop' shaped by gender inequality, rather than solely an individual woman's behaviour, can lead to insights into how to support women seeking help for problem gambling, and to ensuring these interventions are more likely to succeed.

7.2.2 Gambling and economic abuse

Power dynamics exist in every relationship, but for women in relationships with violent partners, these dynamics are characterised by the efforts to control and diminish the woman's capacity to act autonomously and to use physical violence as a means of control. Analysis of the power dynamics that shape women's experiences of gambling were most developed in the literature that also examined the co-occurrence of gambling and domestic and family violence (DFV) or intimate partner violence (IPV). Where gambling is present in an economically or physically abusive relationship, it can exacerbate this violence. Gambling by both men and women intensified intimate partner violence against women. Economic abuse exacerbated by problem gambling is motivated by '*a desire for power and control over family economics, family decision-making and the victim/survivor*' (Hing et al., 2020, page 26). Men who hold strict views on gender roles or other attitudes that support gender inequality are more likely to perpetrate violence (including economic abuse) against female partners.

To date, the research literature examining the links between intimate partner violence and gambling have tended to focus on discrete episodes of violence or 'violent acts.' These approaches tend to isolate violent acts from the context of ongoing and pervasive abuse that women experience in violent relationship and cannot fully take into consideration the '*context of instrumental, patterned and enduring abuse based in notions of power, coercive control and perceived male entitlement*' (Hing et al., 2020, page 23). The recognition that coercive control is a form of abuse also permits much greater recognition of how violence can extend beyond the 'violent act':

Money's linked to control so whenever there's the capacity for a violent partner to control their other partner, they will use it. So I just see so much when there is gambling ... now it's quite often that I will look to see if there is family violence in there as well. (Hing et al. 2020, page 85)

7.2.3 The gambling industry

Gendered power dynamics are visible in the marketing of gambling, although these dynamics may be shifting (though not disappearing) with the increased 'feminisation' of gambling and the marketing of particular gambling products specifically to women. For example, in a study of Australian sports wagering advertisement, there was clear gender stereotyping. Men were mostly represented as central actors and women were sexually objectified, with advertisements portraying male dominance

or power over women (Deans et al., 2016, cited in McGee, 2020). These dynamics also impact the day-to-day experiences of women working in the gambling sector. Women working in gambling premises have described how intimidating and unsafe it can be for workers, especially young women, to have to engage in 'responsible gambling' conversations with male customers who may be volatile or aggressive (Scottish Women's Convention, 2021). Recognition of gender inequality and the power dynamics that shape social interactions between gambling clients and workers could be better incorporated into policies that address workers' safety and wellbeing.

7.3 Intersectional identities

Although the literature on women and gambling is increasingly attentive to the gendered power dynamics that shape women's lives and the broader social and cultural contexts that shape women's gambling and their experiences of gambling harm, there is much less research on how women's intersecting or overlapping social identities of gender, race, ethnicity, class, religion, or ability shape their experiences of gambling and gambling harm.

Approaching gambling and gambling harm through an intersectional perspective means addressing the multiple forms of oppression women may face and the many forms of resistance to these power dynamics that women adopt: for women living in patriarchal societies, gambling may be a source of independently acquired money; for poor women, gambling may seem to offer an escape route from both poverty and gendered oppression. For societies in which the social norm of the two-parent nuclear family dominates, single mothers, and especially Black single mothers with more than one child, may face multiple forms of oppressions and discrimination because of their race and their gender.

Research into how race, gender and socio-economic background shapes different women's experiences of gambling make clear that these differences matter. A study in Britain found that gambling risk and problem gambling disproportionately affect women from Black, Asian and minority ethnic backgrounds: '*Female gamblers with a PGSI score of 1+ were significantly more likely to be from a BAME background compared with the broader female sample*' and '*among female problem gamblers, a third (35%) were BAME compared with 12% in the broader female sample*' (Gunstone and Gosschalk, 2019, page 21). Women affected by others' gambling were also more likely to be from a Black, Asian or minority ethnic background. These differences in how Black, Asian and ethnic women experience gambling and gambling harms also extend to how they seek support:

BAME women were also more likely than white women to say that awareness of channels would motivate them to seek treatment, support or advice (21% vs. 10%), in particular, knowing that they could get help by phone (12% vs. 3%). This suggests that it is important to increase awareness of different channels, including telephone helplines such as the National Gambling Helpline, in order to make accessing treatment, advice and support easier for women from a BAME background.' (Gunstone and Gosschalk, 2019, page 50)

An intersectional approach to gambling and gambling harm is also relevant to women from different socio-economic backgrounds. The study above also determined that women gamblers at risk (with a PGSI score of 1+) and women affected by others' gambling were significantly more likely to be from social grades C2DE than the broader female sample (Gunstone and Gosschalk, 2019, page 20).

Race and class are not the only dimensions of identity relevant to an intersectional approach. In a study of migrants' experiences of bingo gambling in Australia, gambling is viewed as a place to

connect with others in their community in the context of the intersecting disadvantages of gender, race and class inequality. Social forms of gambling might play a redistributive role, but they can also strain culturally important social networks. Understanding how gambling serves, in the context of the intersecting forms of oppression experienced by migrant women in their host society, as a form of 'communal leisure' is especially important for addressing women's harmful gambling in these contexts (Cox et al., 2021).

In research carried out in New Zealand, researchers describe how intersectional issues including racism, poverty and caring responsibilities play a role in the lives of indigenous Māori woman, who disproportionately live in high deprivation neighbourhoods with low incomes, often in overcrowded and substandard housing, and with the burden of providing and caring for multiple generations (Morrison and Wilson, 2015, cited in Palmer du Preez et al., 2021a). These issues raise particular challenges for the women who experience them. They may be expected to address gambling harm in their family and take responsibility for holding the family together. This individual responsibility could be felt as deeply oppressive and incompatible with women's ability to care for themselves and their children.

Recognising that women may experience multiple forms of discrimination that are experienced as distinctive to their identities (rather than as simply aggregates of discrete identities) is a key dimension of an intersectional approach. In an Australian study of gambling and intimate partner violence, researchers noted how the complex experiences of women from diverse backgrounds would shape both their experiences of gambling as well as of domestic and family violence:

An intersectional lens could help to develop a better understanding of how different and intersecting identities of women, based for example on cultural background, health status or socio-economic circumstances, affect their experiences of gambling-related DFV. For example, problem gambling rates are higher among Aboriginal and Torres Strait Islander peoples, specific cultural groups, people with disability and gender non-binary people. This indicates that people from these groups may have distinctive experiences and needs in relation to gambling-related DFV. (Hing et al., 2020, page 100)

They also cite how the traumatic legacies of colonialism in the Australian context can inform interventions:

Service providers must address broader issues when working with Aboriginal and Torres Strait women and be mindful of the social, emotional, spiritual and economic trauma inflicted by colonisation and the ongoing effects of racism. Some Aboriginal and Torres Strait Islander clients may not wish to access mainstream services as they may not be perceived as culturally safe. Others might find the structures of mainstream service provision acceptable if cultural competence and an understanding of the impacts of racism are evident.' (Hing et al., 2020, page 26).

While these discussions of intersectionality and intersecting identities are often highly specific to place and social context, lessons can be drawn that are relevant to the UK context. Recognition of gambling as potentially harmful may not just challenge gendered norms of women's gambling as fun and harmless, but also cultural norms in communities that view gambling as a social activity. An intersectional approach to gambling support might also explore how group sessions for community members may be more helpful than one-to-one services. Outreach efforts to inform women of services may be more effective than expecting clients to come to services. Gaining trust and

developing relationships are also important if women feel services do not outwardly acknowledge the overlapping and intersectional aspects of their identities.

7.4 Stigma and misconceptions

Gambling is often described in the literature as a stigmatising activity for women, especially if their gambling becomes a problem:

Being a “problem gambler” is a highly stigmatised and socially deviant identity that has disempowering effects on the individual (Donaldson, Langham, Best, & Browne, 2015; Hing, Russell, Nuske, & Gainsbury, 2015). Women with gambling problems are highly stigmatised (Hing, Russell, Gainsbury, & Nuske, 2016; Hing, Nuske, et al., 2016), and intersecting problem gambling and gendered identities may be used as an excuse to “legitimise” the perpetration of violence against them (Browne et al., 2016).¹ (Hing et al., 2020, page 29)

Here we explore the dimensions of stigma experienced by women as well as the misconceptions surrounding women’s experiences of gambling and gambling harm.

7.4.1 Stigmatised spaces

Some gambling venues are seen as stigmatising for women, for example, betting shops. These are often described as particularly ‘masculine’ spaces and viewed as unfriendly to women. The stigma attached to betting shops has also been identified as relevant to men who gamble as well. The association of particular gambling spaces with stigma is viewed as one of the factors relevant to the appeal of online gambling, for both men and women.

7.4.2 Experiencing stigma

For women who gamble or who are affected by others who gamble, the stigma attached to gambling is multi-layered: gambling is perceived as a ‘male issue’ and not viewed as a problem for women, and women are not viewed as financial ‘owners’ but rather primarily as primary care givers, BAME women may also face additional cultural stigma related to gambling (GamCare, n.d.). Gendered expectations about femininity and social norms regarding what activities are appropriate for women may contribute to the stigma surrounding gambling. Women describe how norms of being caring and responsible for family wellbeing were viewed as incompatible with gambling and especially problem gambling, even if for many women, trying to get more money for their family is precisely the reason they feel they gamble (Scottish Women’s Convention, 2021).

For women affected by others’ gambling, claiming and defending a position as ‘good mothers’ and prioritising children’s wellbeing to protect them from gambling-related harm was one way to try to overcome the stigma associated with gambling. This could mean putting distance between the gambler and the family e.g. living separately, dividing finances, or severing the relationship entirely. Women described compensating for fathers’ absences and seeking to preserve a positive connection between children and fathers viewed as essential to child wellbeing (Palmer du Preez et al., 2021b).

When people with gambling problems expect the public will apply negative stereotypes and hold demeaning and discriminatory attitudes towards them, self-stigma increases (Hing & Russell, 2017a). Increased self-stigma is associated with greater secrecy about the problem and lower self-esteem, and is most pronounced for women, older people and those with more severe gambling problems (Hing & Russell, 2017b)..Stigma can also be experienced by the partner of the person with the gambling problem (Hing et al., 2020, page 77).

Research on other behavioural addictions (pornography, social media or gaming) suggests that ‘moral incongruence’ or feelings of incongruence between one’s moral values and behaviour may be relevant to gambling, although it is unclear how or whether these may be impacted by gender (Lewczuk et al., 2021). Because of the stigma surrounding gambling, women may also be less likely to seek support.

7.4.3 Multiple forms of stigma

Stigma around gambling is not an isolated phenomenon but may be exacerbated by other forms of stigma women experience in relation to other dynamics in their lives. For example, stigma can act as a barrier to help seeking among homeless women who experience harm from gambling. Researchers note that the shame and stigma attached to being out of work and to receiving benefits, and the misconceptions surrounding working-class women, may serve to stigmatise working-class women who gamble further. It has been noted that much academic research and political debate into class-based gambling focuses predominantly on the working-class poor who gamble and on the minority of ‘at-risk’ or ‘problem’ gamblers. Very little focus has been directed at the better-off who gamble (Casey, 2021). There is a perception that working class gambling is stigmatised more. Whereas more affluent people may attend the races at Ascot which is viewed as desirable, people using betting shops are demonised and portrayed as irresponsible.

Other fields, including drug and alcohol recovery and addiction services, can offer insights into how stigma operates to shape women’s experiences of gambling and gambling harm:

There is evidence which suggests differential responses to women’s use of alcohol and drugs. A review of the literature on stigmatisation of drug users revealed that being female was one of the most commonly experienced stigmas (Lloyd, 2010). The review noted that often the stigma of being a female drug user is compounded by belonging to other stigmatised groups (being Black, homeless, a sex worker, or an offender). In particular, being a mother or pregnant led to greater stigma (Andersson et al., 2021, page 455)

Women experiencing drug and alcohol addiction cited that their feelings of stigmatisation were associated explicitly with being ‘socially undesirable’ mothers (Collinson and Hall, 2021).

7.4.4 Seeking support

Given the stigma surrounding women’s gambling and gambling harms, efforts to provide effective support for women face challenges. Raising awareness and increasing ‘*knowledge of the stigma that surrounds gambling harms can assist in designing communications that mitigate this and encourage women to seek help sooner, so that harms do not escalate*’ (GamCare, n.d.). Women’s accounts of seeking support for problem gambling suggest that the stigma surrounding women’s gambling also impacts medical professionals, who may not complete referrals to specialists, acknowledge a woman’s gambling as a problem or signpost appropriate support. Even messages that call for ‘responsible gambling’ can reinforce the stigma of gambling because they present gambling as something that is easily controlled, and thus make it more difficult for women who feel their gambling is not easily controlled to seek help. Media coverage of women’s gambling stories and including storylines involving women’s gambling in popular television shows can help women feel encouraged to talk about their gambling more openly (Scottish Women’s Convention, 2021).

Women may also feel, as they do in the context of seeking support for drug or alcohol addiction, that disclosing their concerns about their own gambling or seeking support for their own gambling may put their families at risk:

'In both addiction and recovery, a greater proportion of female participants disclosed losing custody of their children. Whilst maternal substance use is a significant risk factor for child maltreatment and neglect (Canfield et al., 2017), this finding is likely to reflect the gendered nature of caring responsibilities. Studies of treatment populations have found men who use drugs tend to have their children cared for by a partner rather than placed in alternative care such as a foster home (National Treatment Agency for Substance Misuse, 2010). Conversely, a greater proportion of women reported regaining custody of their children. However, crucially not all were reunited with their children, causing enduring harm which might threaten their recovery. Broadhurst and Mason (2020) argue that this results in a combination of collateral consequences with grief intersecting with socio-economic disadvantage and stigma' (Andersson, et al., 2021, page 461).

These concerns may also be relevant for women experiencing problems with gambling. At the same time, the gambling landscape is changing and the 'feminisation' of gambling may be reducing the stigma surrounding women's participation in gambling, where gambling is increasingly, in the UK and elsewhere, regarded as a valid recreational activity. More socially lenient attitudes towards gambling by women and the 'normalisation' of gambling may reduce the stigma surrounding women's participation in gambling. What effect these 'normalising' trends will have on the stigma surrounding problem gambling and seeking support for gambling is uncertain.

'Common sense' gendered assumptions about women's participation in gambling include that women gamble less than men, start gambling at a later age than men, and have different product preferences (chance-based games, e.g. bingo, rather than skill-based games, e.g. poker). However, these assumptions rest on an understanding of gender roles and expectations as relatively fixed and stable over time. The gambling landscape is evolving and gendered norms and expectations are also changing. Despite this, two misconceptions remain: 1) a lack of awareness of the severity and long-lasting effects of problem gambling and 2) the presumption that exposing young children to gambling and gambling environments poses no risks.

8 Conclusions

The evidence presented in this report highlights the complex and powerful socio-economic and socio-cultural forces that shape women's lives and experiences, including their experiences of gambling, gambling harm and harm minimisation approaches. It also demonstrates the heterogeneity of women's experiences that has implications for the design and delivery of treatment and support interventions, with useful precedents from the fields of tobacco control and substance addiction treatment and recovery services.

The evidence base about women's experiences of gambling and gambling harm has grown rapidly in recent years, as researchers, practitioners and policymakers begin to understand the value of gender-informed policy and practice. Nonetheless, this evidence review identifies seven important gaps in knowledge where further insight is needed:

1. **Geography:** much of the recent research comprises qualitative studies conducted in Australia and New Zealand. There is a need for comparable work in Britain/UK to explore the similarities and differences in women's experiences and the extent to which learning from other geographies is transferable.
2. **Heterogeneity and intersectionality:** the current evidence base looks at differences in women's experiences mainly in relation to age and, to a lesser extent, ethnic background and class. There is much less research on how women's intersecting or overlapping social identities of gender, race, ethnicity, class, religion, or ability shape their experiences of gambling and gambling harm, particularly in a British/UK context.
3. **Gambling pathways and harm trajectories:** while there is some qualitative evidence about women's gambling pathways and harm trajectories, this is mainly from outside Britain/UK and is necessarily retrospective (e.g. asking women about how past experiences influence present practices). Longitudinal research (both qualitative and quantitative) would provide insight into how women come to experience harm and routes out of harm; as well as experiences of harm over the lifecycle and intergenerationally. There is a lack of evidence on gambling harm related to productivity and performance generally; and cultural harms.
4. **Measures to prevent or reduce harm from gambling among women:** while there is reasonable evidence about the barriers to accessing gambling treatment and support among women, there is less focus in the literature on how exactly these barriers interact with women's gendered roles and responsibilities in a British context. In addition, although research has helped inform what gender-sensitive and trauma-informed gambling treatment and support services might look like, to date there is little evidence about how this approach can be implemented in practice or how effective it is.
5. **Women as affected others:** there is relatively little known about women as affected others in Britain. The evidence gaps on 'heterogeneity and intersectionality', 'gambling pathways and harm trajectories' and 'measures to prevent or reduce harm from gambling among women' all apply to women as affected others as well as women as gamblers.
6. **Online practices:** the evidence base on gendered use of technology generally and online practices specifically is under-developed and could provide valuable insight into women's gambling pathways and harm trajectories as online gambling continues to grow; as well as opportunities around online treatment and support for women.
7. **Women in the gambling industry:** there is some evidence to suggest that women working in the gambling industry may have particular experiences of harm that are not well understood.

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10 Appendix

Rapid evidence reviews differ from traditional narrative reviews in that they offer a more rigorous and structured framework through which to identify, screen and summarise evidence, providing for a more robust synthesis and interpretation of the literature.²⁰ The aim was not to conduct an exhaustive review, but rather to identify and review evidence of most relevance. This approach allows for flexibility and expediency in the reviewing process and is well suited to social policy issues, particularly when the time or resource needed to conduct a full and systematic review is not available (or preferable).

Our search strategy encompassed both academic sources (drawn from searches of key academic databases and academic search engines) and non-academic sources (drawn from search engine searches as well as targeted website searches of key organisations such as research institutes, charities, and government sources). The review draws on a wide range of types of evidence, including:

- Academic peer-reviewed journal articles and working papers.
- Research reports produced by government, statutory bodies, academics, and charities.
- Statistics and analyses from public bodies such as the Office for National.

Given there have been recent reviews of the subject, our search was limited to literature published since 2020, and our approach to sourcing this literature included:

- Formal search strings in key topic areas (see below).
- Snowballing (i.e. consulting reference lists in key documents to source other relevant items).
- Supplementary (informal) targeted searches in areas where there appeared to be less evidence.

Search term	Search engine	Parameter
("gambling" OR "betting") AND ("women") AND ("meta-analysis" OR "narrative review" OR "systematic review")	Google Scholar	Since 2020
("gambling" OR "betting") AND ("women") AND ("patterns" OR "extent") AND ("UK" OR "Britain")	Google Scholar	Since 2020
Gambling AND women	Scopus	Since 2020
Gambling AND women AND harm	Scopus	Since 2020
Gambling AND prevention AND women	Scopus	Since 2020
Gambling AND treatment AND women	Scopus	Since 2020

¹ We screened the first five pages of results for relevant items.

We identified and screened **89** items in total, of which **14** were excluded from the review mainly on the grounds that they did not focus on women or gendered differences in experience. This report is therefore based on **75** items that were thematically mapped and critically reviewed, prior to analysis and reporting.

²⁰ Finney, A. (2020) Poverty and multiple sclerosis: A rapid evidence assessment, Social Research and Statistics.

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